FEBRUARY 6 1999

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

Health Bill to create walk-in health centres

CPD pilot starts in N Ireland as 500 sought across Britain

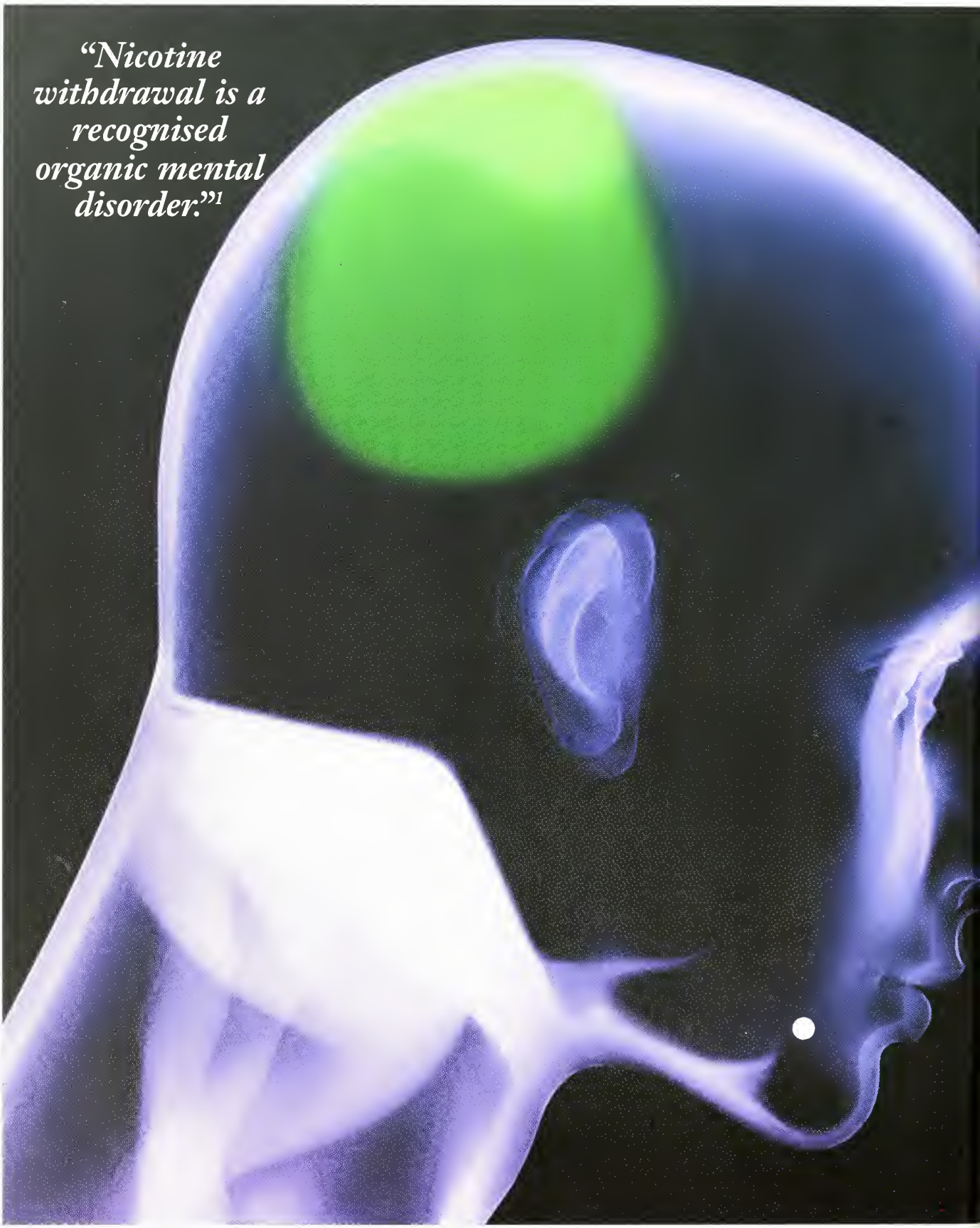
The other side of the RPM argument

Rowland buys 40 O'Brien pharmacies

Drug firms face £100k fines for breaking PPRS rules

Update: take care of your carbohydrates

Online at http://www.dotpharmacy.com/



References: 1. American Psychiatric Association: The Diagnostic and Statistical Manual of Mental Health Disorders, fourth edition 1994.

Product Information: Nicorette Microtab. **Presentation:** Nicotine B-cyclodextrin complex 17.4 mg, equivalent to 2 mg nicotine. **Indications:** Intended to help smokers who want to give up smoking, but who experience difficulty in doing so owing to their dependence on nicotine. **Dosage:** *Adults and elderly:* The tablet is used sub-lingually with a recommended dose of one tablet per hour or, for heavy smokers (more than 20 cigarettes per day), two tablets per hour. Most smokers require 8-12 or 16-24 tablets per day, not to exceed 40 tablets. Duration of treatment is individual but between 3 and 6 months is recommended. The nicotine dose should be gradually reduced by decreasing the total number of tablets used per day. Treatment should be stopped when daily consumption is down to one or two tablets. *Children:* contra-indicated below age 18 years. **Contra-indications:** Pregnancy. **Special warnings and preca** Angina pectoris, peptic ulcer, recent myocardial infarction, serious cardiac arrhythmia, s hypertension, peripheral vascular disease or hepatic, renal or gastric disease. **Intera** Dose of some drugs may need adjusting – see leaflet. **Side effects:** Most commonly he mouth irritation, hiccups, nausea, dizziness, unpleasant taste, headache, sensation of throat. **Pharmaceutical Precautions:** Do not store above 30°C. **Legal category:** [P]. **P quantities and cost:** 30 - Starter Pack (£3.57); 105s - Refill Pack £9.84. (Trade price co time of going to press). **PL Holder:** Pharmacia & Upjohn Limited, Davy Avenue, Milton MK5 8PH. Tel 01908 661101. (PL00032/0239). **Date of preparation:** December 1998.

Pharmacia & Upjohn

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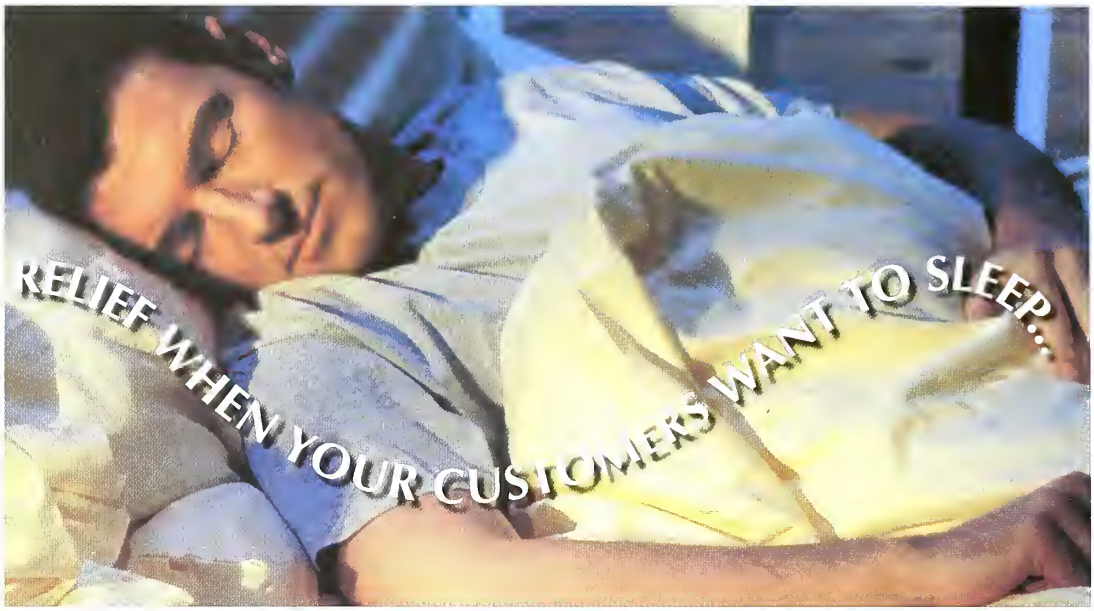

...IN ONE PACK, NOT TWO!

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So, next time you're asked to recommend a cold and flu remedy, make Benylin Day & Night your automatic choice.

DAY & NIGHT cold and flu relief in one unique pack

Day-time: paracetamol, phenylpropanolamine
Night-time: paracetamol, diphenhydramine

Presentation: Blister pack containing fifteen amber film-coated tablets and five blue film-coated tablets in opaque blisters. Each amber daytime tablet contains 500 mg Paracetamol and 25 mg Phenylpropanolamine hydrochloride. Each blue night-time tablet contains 500 mg Paracetamol and 25 mg Diphenhydramine hydrochloride. **Uses**: relief of symptoms associated with colds and influenza. **Dosage**: Adults four tablets should be taken daily - three amber tablets during the day and one blue tablet at night. Take only one tablet at a time. Do not take the night-time tablets during the day. Not recommended for children under 12 years. **Contra-indications and Precautions**: Known hypersensitivity. Caution should be exercised in patients with hyperthyroidism, hypertension, cardiac dysfunction, diabetes mellitus and liver disorders. Not for use by patients who are taking, or who have taken, monomine oxidase inhibitors within the preceding two weeks. Do not exceed the stated dose. Not to be used during pregnancy. Avoid alcohol. **Side and adverse effects**: May cause drowsiness, if affected do not drive or operate machinery. Paracetamol can cause skin rashes. Phenylpropanolamine may give rise to dizziness, headache, nausea, tremor, anxiety, insomnia and palpitations. **Price (ex VAT)**: £3.02 **Legal category**: P. Further information is available from: Warner-Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. **Product licence number**: 15513/0045. **Date of preparation**: January 1999

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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REGULARS

COMMENT

To say there is concern about the content and intention of recent consultation letters that have been issued by the Medicines Control Agency is an understatement. Pharmacists and OTC manufacturers are still feeling bruised by the diktat on analgesic pack sizes. The whole ethical supply chain was amazed by the practicality of the proposals on patient packs. Suppliers of health supplements are up in arms over MLX249 which, they suggest, will make the MCA judge and jury in deciding whether a product is a medicine or not. There is also a widespread feeling that the Agency is merely going through the motions of consultation, and is being used to push legislative and regulatory changes which those affected cannot adequately address through the consultation process. The NPA has considered the difficulties it faces in responding to proposed 'P to GSL' moves for medicines (see p20), initiated, in the main, by manufacturers. The MCA consults with the narrow brief of the safety of the proposals. This takes no account of the fact that switching products to GSL can profoundly influence where medicines are bought, footfall in pharmacies and the whole network of community healthcare. To be fair to the MCA, it is frequently landed with the tortuous task of harmonising UK law with Directives from Brussels. The bottom line, though, is that government and industry need to work effectively together, in the best interests of individuals and for the economic good of the country as a whole. It's something of a balancing act that seems to be getting out of kilter, as political expediency drives the MCA's brief. But perhaps the industry might feel more comfortable if there was some evidence its views were needed. Only three out of 347 representations on MLX 249 broadly support the proposals (*C&D* January 30). Let's see what happens this time.

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ABC BUSINESS PRESS

Health Bill to allow PCTs to provide contractor premises

The new Health Bill may allow primary care trusts to provide premises directly for pharmacists, GPs, opticians or dentists. However, as the Bill is in its first draft form and lacks detail, it is unclear how strong a drive to 'one-stop' health centres the Government is proposing.

The Bill will result in "ground-breaking new services for patients, extending choice and convenience", says the Department of Health. This will include walk-in health centres on the High Street, and wider health partnerships with GPs teaming up with dentists, opticians and pharmacists, "combining to provide a complete package of health services from one complex".

National Pharmaceutical Association director John D'Arcy admitted on Tuesday that he was "pretty concerned" about the possible implications of the draft Bill. "The intention is to put everyone under one roof," he said. "This could mean control of entry regulations go out the window. Where does that leave the extended pharmacy network?" he said. However, the Government could also be looking for pharmacists and other private sector people to fund these centres, he added, or there might even be competitive tendering.

"It's not clear. It implies the trusts will own the premises, and it would suggest they are looking for the big health centre arrangement," he continued. "But it could be the other way, that a big pharmacy could be the driver and offer the premises to the PCT. I suspect there will be a range of options."

The Pharmaceutical Services Negotiating Committee has already set up a working group to monitor government legislation. The Health Bill working group is to study the Bill in it its entirety, "line by line", commented head of professional services Mike King.

He agrees with Mr D'Arcy that it is not totally clear what impact the clause relating to PCT premises will have. Clause 4 of the Bill says that a PCT "may provide premises for the use of persons: a) providing general medical, general dental, general ophthalmic or pharmaceutical services, or b) performing personal medical or personal dental services under agreement made under section 28C, or any terms it thinks fit".

In addition, the clause says that a PCT has power to do anything specified in section 7(2) of the Health and Medicines Act 1988 (relating to the provision of goods and services), to make additional income available for improving the health service.

"The one-stop shop seems to be a major part of the process. It is not clear how much we can read into the phrase 'or any term it sees fit'," said Mr King.

It is not unusual for details to be short at the first draft stage of a Bill as work done at committee stage provides much more of the fine detail. This will follow the second reading of the Bill, which is set for Tuesday, February 9.

In the press release accompanying the publication of the Bill, the DoH says that the national on-line prescribing system PRODIGY will be rolled out during this year. Although no time has been given, electronic prescribing will also begin with prescriptions being sent electronically "from local surgeries to local chemists and pharmacists". Work is also to begin in England and Wales to give every person their own lifelong electronic patient record.

In addition, the Bill proposes to give the health secretary regulatory powers over the health professions' self regulation processes, and also sets out the offences of fraud and charge evasion made against the NHS. A section dealing with the control of medicines prices and profits seeks to put tighter control on the Pharmaceutical Price Regulation Scheme (see p33). The first clause indicates the strength of the Government's will to end fundholding by saying that the relevant sections of the NHS and Community Care Act 1990 are "to cease to have effect".

Regarding self regulation, clause 47 says that provision may be made by Order in Council to "modify the regulation" of any of the following professions: pharmacists, medics, dentists, opticians, osteopaths, chiropractors and nurses, midwives and health visitors. However, for professions supplementary to medicine and with those involved in mental health, there could be direct regulation.

Welcoming the draft Bill, Royal Pharmaceutical Society secretary and registrar Ann Lewis said that the proposed system should make it easier for the Society to achieve the reforms of disciplinary machinery that Council has called for. But she warned that the Society will seek clarification of some areas to ensure that the Society's roles are preserved.

The Commission for Health Improvement will be established to improve and monitor the quality of healthcare. It will have the power of inspection for NHS premises. At the same time, the Clinical Standards Advisory Group will cease to exist.

Health improvement plans will also be a statutory requirement for health authorities, when directed by the secretary of state. These will set out a strategy for improving the health of people for whom they are responsible and the provision of healthcare to such people. PCTs, NHS Trusts and local authorities whose area falls under that of the HA will also have a duty to participate in the preparation of any plan.

RPS database published with free trial

The Royal Pharmaceutical Society's electronic database is available for the first time to users outside the Society's headquarters building. A free 30-day trial is on offer from the Society's publishing partners Optology Ltd.

RPS e-PIC (pharmacy information coverage) gives access to abstracts of 42,000 articles published in the major UK pharmacy and medical journals, including *C&D*. The core database covers all aspects of pharmacy, its practice and current research, while three other databases deal with new products, discontinued products and pharmaceutics.

The information is maintained by the Society's technical information service and is used as a source of help when answering the 13,000 queries received annually. The Society decided that publishing RPS e-PIC was an obvious first step in widening the availability of its information resources.

The database will be in SilverPlatter SPIRS format, available in CD-ROM, internet and NHSnet versions. It will be part of MIRON (medical information resource on the NHSnet), developed by Optology. The annual subscription varies, with a special charge for individual Society members and a discounted rate for drug information units and hospital pharmacies. Details are available from Optology on 01424 445100.

Connect goes out to Concordance players

Connect, the first newsletter relating to the Royal Pharmaceutical Society's Concordance initiative, has been published. The quarterly newsletter, which includes details of progress, membership activity and a diary column, will be joined later this year by a web site.

The first issue has been sent to people involved in the initial research into Concordance. However, anyone wishing to be added to the *Connect* mailing list should contact Miriam Harris at the RPSGB on 0171 735 9141.

Dobson meets his LPC members

Frank Dobson, the health secretary, spoke with Camden and Islington local pharmaceutical committee members last week in a very "positive" meeting.

Mr Dobson attended the meeting in his position as constituency MP, but discussed "the whole gamut of issues before pharmacy", according to David Kent, the LPC secretary.

The 40 minute meeting lasted twice as long as scheduled and touched upon a range of issues including the Crown review and primary care groups.

This was the second annual meeting between the LPC and Mr Dobson, with another planned for next year.

Glucose monitoring scheme a success

Over 800 people had their blood glucose levels checked in a one-week diabetes awareness scheme at an Isle of Wight Boots.

Nurses from the diabetes care unit at St Mary's Hospital provided the service at the Newport store, which was available to members of the public.

The service ran from January 18-23 with nurses in-store between 11am and 3pm. It aimed to pick up undiagnosed diabetics and educate existing patients about their condition, as well as increasing awareness of the diabetes care unit and its work.

Response to the initiative was "better than expected", according to a Boots spokeswoman.

Pharmacies likely to pay £90 levy for proposed Food Standards Agency

Pharmacies are likely to be among those businesses expected to pay the £90 levy for the proposed Food Standards Agency.

The draft Bill setting out the establishment of the FSA says that all businesses registered under the Food Premises (Registration) Regulations 1991 will be expected to pay the annual fee to cover operational costs. Pharmacies are currently required to register because vitamins, mineral and food supplements, as well as baby foods and baby milk, are considered food stuffs. Medicines are exempt.

The proposals for the levy scheme issued with the Bill last Thursday say that provision could be made to exempt them from requirement to pay the levy if they are already exempted from registering under them.

In addition, "the Government has concluded that premises dealing only in wrapped confectionery, soft drinks, crisps and similar wrapped products should be exempt", it says. This would have the effect of excluding some newsagents and other small businesses which are not primarily concerned with the sale of food.

This is an argument that could be made for pharmacy, as pharmacies tend to deal in small amounts of these foods and will not be selling open foods, believes National Pharmaceutical Association director John D'Arcy. He is concerned that the FSA will impose another layer of inspection of pharmacies which are already inspected by the Royal Pharmaceutical Society and local authorities.

With regard to veterinary products, the Bill proposes that the minister for Agriculture, Fisheries and Food, and other secretaries of state connected with the regulation of veterinary products, keep the Agency informed about any general policy in those areas.

CPD pilots start across UK

The Royal Pharmaceutical Society has started recruiting 500 pharmacists to take part in its continuing professional development pilot. At the end of the trial, successful participants will receive a certificate which the Society expects will help when applying for jobs or negotiating service contracts.

A similar pilot is about to start in Northern Ireland, in which some pharmacists will receive a manual helping them to assess their CPD needs and/or a visit from a facilitator who will assess these needs for them.

Invitations are going out this week to randomly selected pharmacists in the South West Metropolitan Branch. After about a month's trial the pilot will extend to Edinburgh and Lothian, Northumbria and South West Wales. In all, 300 community and 150 hospital pharmacists will be involved, plus 50 working in other branches of the profession who may have to be recruited from other parts of England and Wales.

The participants will be asked to structure their own CPD plan and record what they have done over seven months. In return they will receive a certificate and a logo "to show the NHS and the rest of the world your commitment to CPD", says the Society. "Local and national bodies will be aware of the scheme so that your CPD certificate will be of significant value when going for a better job or negotiating service contracts.

"Don't worry about attending more courses," the letter continues. "Our approach is not one of counting the hours you spend on formal continuing education, but more a learning-by-doing, work-based approach. We estimate a time commitment of no more than 15 minutes a week."

Pharmacists will be expected to follow the four-stage CPD cycle of reflection (what do I need to know/be able to do?), planning (how can I learn?), implementation (action!) and evaluation (what have I learned? how is it benefiting my practice?). The Society will provide a 'plan and record' file, backed by information and advice.

At the end of the pilot, the Society will collect and assess the records, bearing in mind that some pharmacists may identify a long-term need which cannot be covered in the seven months. The pilot will be evaluated according to the percentage of participants who manage to complete the cycle in a satisfactory way. The results will be reported to the Society's Council in April 2000, when the Government hopes health professionals will have CPD plans in place as part of its clinical governance programme.

In Northern Ireland, the year long study will include 150 pharmacists. Of these, 100 have been given a manual, setting out the principles of CPD and giving a needs analysis. However, 50 of these pharmacists will also receive a visit from Dermot Smyth, education facilitator for the NI Centre for Postgraduate Pharmaceutical Education and Training. He will help to assess their actual, rather than perceived, training needs and will provide further support and training. The remaining 50 pharmacists will be monitored as a control group.

The Northern Ireland model differs from the RPSGB's in the attention it gives to needs assessment. An interim assessment will be made after six months, said Mr Smyth. "We are trying to educate pharmacists in the principles of the CPD cycle."

Woodside resigns as PSNI treasurer

Dr William Woodside has resigned from the post of treasurer for the Pharmaceutical Society of Northern Ireland. He has been replaced by Ronnie McMullan.

Dr Woodside's resignation from the position was sudden and was related to the Society's decision not to move premises after 18 months of considering the move.

Ronnie McMullan: taking over the purse strings at the PSNI

On Tuesday, PSNI president Dr Terry Maguire said that Dr Woodside's decision was met with great sadness. "He has been an exceptional treasurer," he said, adding that Dr Woodside had brought a great deal of stability to the Society's financial management over the past few years. He also praised Dr Woodside for his work successfully establishing the audit fellowship.

Prescription management service launched free

West Country pharmacy group Pharmacy Plus has launched a free 'prescription management' service to patients in the Bristol area.

It aims to offer home delivery of prescribed medicines, telephone advice, one-to-one pharmaceutical counselling, an automatic drug reminder service and home visits by pharmacists. The pharmacy group will arrange prescription collection from the surgery for patients signing up with Pharmacy Plus Direct, and promises to deliver the medicine to the patient's home within 24 hours, using "trained staff" who have been issued with photo ID cards and uniforms.

Patients with particular needs will be called by their pharmacist every three months and, if appropriate, can have a home visit by the pharmacist every six months. A Medicines Advice Line telephone number is provided with all delivered medicines.

IN BRIEF

Register of premises

As of January 1, there were 12,300 pharmacies registered with the Royal Pharmaceutical Society. During December 1998, there was a net increase of six, with 22 pharmacies commencing trading, two restorations and 18 deletions.

Norton diskette

Information printed from the Norton Healthcare patient leaflet diskette being sent to all pharmacies can be distributed with all Norton medicines, as well as with those in different liveries but with a Norton product licence (see *C&D* January 23, p17).

IPMI manpower survey

The Institute of Pharmacy Management International is asking pharmacy businesses, from individual stores to large multiples, to complete its ninth annual pharmacy personnel, salary and recruitment survey. Forms, which will be treated in strict confidence, can be obtained from *IPMI News* editor Gerry Green on 01342 715312.

Clitherow in the news

Liverpool pharmacist Jeremy Clitherow put forward the profession's case against claims being made in a Channel 5 news report on Tuesday that pharmacists were irresponsible in selling over the counter medicines. During four and a half hour's filming in his store, Mr Clitherow was able to refute the claims being made by David Grieve of Overcount, the organisation representing people claiming to have been addicted to OTC medicines.

Redoxon recall

Roche is temporarily withdrawing its Redoxon Slow Release Vitamin C capsules. A change in European legislation means that a colorant in the capsules is not permitted for use in food supplements. There is no safety risk. If purchased directly from Roche, all packs should be returned to: McGregor Cory, Bowtry Office, High Common Lane, Tickhill, Doncaster, South Yorkshire DN11 9EH. Tel: 01707 366000.

RPM hearing approaching

The Community Pharmacy Action Group is gearing up for the resale price maintenance leave hearing scheduled for next Wednesday and Thursday.

The hearing will determine whether there is evidence of a change in the relevant circumstances since the Court approved RPM for OTC medicines almost 30 years ago. The hearing is a preliminary legal process to establish whether, and which of, the issues at stake require more examination. As such, CPAG anticipates that, if the matter is to be continued, a full hearing will take place towards the end of this year.

CPAG chairman David Sharpe said: "It is important to stress that referral of this case to a full hearing does not mean that the Court accepts the arguments made by the director general of fair trading. We will go on fighting our campaign in 1999 to protect people's access to their local pharmacist.

"We are pleased that the Government recently reiterated its support for the role played by community pharmacists and is committed to protecting RPM for five years if the Court decides in our favour."

Make OTC medicines more accessible, says AESGP

National governments should review their restrictions on the accessibility of non-prescription medicines, say European OTC manufacturers.

The Association of the European Self-medication Industry (AESGP) cites limited consumer understanding of non-prescription medicines as a major concern, in a new report seeking an in-depth review of European medicines regulation. It criticises the practice of pharmacies keeping certain products out of sight as well as out of reach, giving consumers little chance to examine and compare different products.

"In many countries, the display of self-medication products is restricted by the same rules applying to Prescription Only products. The result is that citizens are rarely able to see for themselves the range of products available without a prescription. This situation seems not to support responsible self-medication," says the AESGP document, 'Deregulation 2001: The future of medicine regulation in Europe'.

Current legislation also results in non consumer-friendly labels and leaflets, AESGP believes. The required text and layout often fails to communicate essential information adequately. The front label of the pack may be the first chance the consumer has to study the medicine in detail, yet regulations put limits on what manufacturers can say.

The association says the EU self-medication market should be open and free, so that new products can be launched without unnecessary delays and are available throughout the EU. Current legislation seems to hinder rather than facilitate the growth of responsible self-medication and this 'second-class treatment' of such products is not justified as they could potentially reduce dependency on state-funded healthcare.

AESGP lists the following among the issues that need improving.

- Inconsistencies in OTC and Prescription Only classification of medicines from country to country.
- Different rules relating to advertising of non-prescription medicines.
- Member states should adhere strictly to timescales in assessing self-medication dossiers.
- Companies should have the flexibility to apply for national, multinational or pan-EU licences, according to their commercial interests and consumer demand for the product.
- The mutual recognition procedure should deserve its name; only scientifically argued objections relating to serious risks to public health should question mutual recognition.
- Legal status remains a national decision in mutual recognition but should always take serious account of the legal status in the reference member state.
- All countries should allow a 'switched' ingredient to use the original brand name of the Prescription product.
- There should be protection for innovators of scientific data that result in new claims, indications or ingredients being licensed for non-prescription use.

Public sector pay has implications for pharmacists

Pharmacists could be caught up in the drive towards performance-related public sector pay being planned by the Government in the wake of the pay awards for 1.25 million workers - averaging 4.1 per cent.

Health secretary Frank Dobson will publish proposals shortly for consultation on changing the way the NHS pays its doctors, nurses and other professions. But the message from Downing Street is that the Government wants to see a major shift towards payment by results.

Pharmacists are already being asked to perform more tasks for their pay rises, and the general policy of the Government is to ensure that they get 'something for something' rather than pay increases for the same effort.

The drive towards pay by results also raises questions about how they will test the performance of professionals in the health service. It could mean divisive shifts in pay rises towards the Government's target groups - this year, trainee nurses will get an extra 12 per cent, but most nurses will get only 4.7 per cent extra. NHS consultants who have been attacked for spending too little time on NHS work by former health minister Alan Milburn, now the Treasury chief secretary, are seen as the prime target for performance-related pay in the future.

Performance-related pay measures being implemented in the education service have proved divisive, and highly controversial, leading to threats of industrial action by the teachers' union.

The Prime Minister's spokesman confirmed there was a general shift away from across-the-board settlements in the public sector, adding: "It's not just for teachers. You might bring the same idea to hospitals." Downing Street denied it would mean scrapping the pay review bodies in the NHS.

The new single 'pay spine' for the NHS means Mr Dobson could be able to direct all NHS pay review bodies to recognise particular groups needing more money, but that would be at the expense of others. In crude terms, it could be used to depress the pay of those at the top in order to lift the pay of those at the bottom. But it could provide more flexibility within the NHS to target pay either at hospitals or at primary care groups where shortages needed to be filled, or improvements needed to be rewarded.

This year, it is the consultants who have been left complaining about a £50 million allocation that the Government is refusing to release until they have had negotiations over how it should be paid.

GPs' views are changing on sharing patient information with pharmacists

GPs could be coming round to the view that it will be beneficial to share patient information with pharmacists, in the right circumstances.

In particular, doctors can see positive benefits to having electronic prescribing in place and would welcome two-way electronic communication with pharmacy, claims PharMed, the developer of a secure electronic prescribing system. This change in attitude follows the announcement of the Government's health information strategy last September.

In a survey carried out last November by Kember Associates for PharMed, three-quarters of the 20 GPs interviewed thought that electronic prescribing would offer a more efficient service to patients. In addition, they see it as improving communication with pharmacy, reducing prescription errors and having the potential to reduce NHS drugs wastage and fraud. Just over half were confident that electronic prescribing would be secure.

PharMed spokesman Diane Drew commented that the results are more favourable than last year, when GP focus groups were not keen on the idea and were not happy to share information with pharmacies. Doctors now appear to be more willing to provide at least some information, especially if it is relevant to a specific situation. Although the survey found that the GPs did not necessarily favour open access by other health professionals to a patient information database, 90 per cent would be happy to send relevant patient information to pharmacists.

Regarding patient compliance, 80 per cent of the GPs wanted access to at least some information and 55 per cent thought that the feedback on OTC medicine purchases would also be useful. However, four said that as pharmacists already did a good job advising on OTC medicines, they did not feel such information was necessary.

The survey also looked at pharmacist repeat prescribing, with which 80 per cent of the doctors were happy to manage, only a quarter of these wanted protocols in place before hand.

'Oh to' be valued

There was a time, up to about ten years ago, when oxygen services made up a major part of my business.

It was hard work, dragging heavy cylinders around in all weather. But with the mileage payment, the dispensing fees and the oxygen-head rental, it proved very profitable and well worth the toil and effort. There was also the contact with patients who, due to their poor health, would not normally see a pharmacist – an opportunity to advise on medicines and minor ailments.

But then came oxygen concentrators. There was little doubt they were cost-effective. Most patients on long-term oxygen therapy need about 15 hours of oxygen per day. At this level, concentrators are about a seventh the cost of cylinders. GPs were encouraged to put patients onto concentrators.

The Pharmaceutical Contractors' Committee made a bid for the concentrator contract, but its efforts failed and a local company got the business. The contract was put out again after five years and again PCC was unsuccessful.

Following the introduction of concentrators, my oxygen business contracted to nothing almost overnight. I now have a lot of unused sets sitting in my dispensary and I supply five or ten cylinders in a good month, often none.

"The company that took away a significant part of my business messed up"

The exception was December last year. After the storm, power cuts were widespread and many homes were cut off for up to four days. There were pleas for emergency supplies of oxygen to support those on concentrators.

Doctors were phoned, confirmation validated and promises of prescriptions made. Patients I had never seen were visited in their homes. I went to BOC in Belfast to stock up. But once electricity was restored the panic abated.

Now things are back to normal and no-one wants my oxygen. The oxygen concentrator company that took away a significant part of my business messed up. When tested, it could not provide the necessary contracted service.

But I spent four days after Christmas making sure that no-one knows how incompetent and how ineffective this company really is. My efforts are likely to ensure that this company gets the concentrator contract next time around. I'm a great big fool.

Written by a practising Northern Ireland community pharmacist.

Xrayser

Topical Reflections

Good luck to the nurses, but where's the money coming from?

If the rumours in the media are correct, then a touch of emotional blackmail and a high public profile have worked a treat for the salary prospects of our lower paid nurses. Certainly this is the impression given after the Government's carefully managed release of the pay recommendations last week and this.

It seems the recommendations of the Pay Review Body are not just generous but have been accepted in full by the Department of Health. And, if the rumours are to be believed, this also applies to other health staff's pay recommendations.

So where does this leave community pharmacists? Frank Dobson will manage a Houdini act to finance the nurses pay award, but I fear it will be financed by economies elsewhere, and that may mean a further cut in my NHS income.

Not only will it once again be assumed that any increase in my pay will be financed by an increase in script numbers, but the results of my efficient buying will be siphoned off to help pay the nurses.

Frank Dobson's autumn strategy document for community pharmacy has still to be published, but how much real change can he propose?

I sometimes feel that community pharmacists act as some kind of paymaster to the rest of the NHS, with our efficiency and buying expertise vital to its financial solvency! It is the present contract that drives the intense commercial competition between pharmacies and returns such high dividends to the NHS coffers.

There is no way any health secretary could change the situation without endangering the whole financial framework of primary care drug budgets.

It's no longer good enough to hide the vitamin C

It is not just Pharmacy medicines that should be kept off self-service display. With the catch-all provisions of the Drug Trafficking Act any product that is knowingly being used to aid the misuse of illegal drugs should be restricted.

This used to be a fairly simple matter of hiding the vitamin C powder and citric acid, but recently many other items have had to be added to the list. I no longer leave such diverse items as glucose powder, acetone, sodium bicarbonate and antiseptic tissues on display, because they have all been implicated in drug misuse.

And even the humble teaspoon, roll of tin foil and bottle of mineral water should now be hidden from prying eyes, in case they are triumphantly seized upon and then purchased by someone with dubious intent!

The local misusers think it is a great game sending in friends and even children to try and fool my eagle eye, but the situation is now becoming farcical. Innocent customers are being interrogated on their culinary expertise at making lemonade, the genuine need for Granny to be cleaning out the fridge, or even why Aunt Maud is using nail varnish at her age!

And all because these simple household products can be misused. The only thing that continues to puzzle me is why I have to play this game at all. Most of these products are on open display at the local supermarket, where they can all be purchased without any hint of interference.

But perhaps that is the answer. It is the challenge of my vigilance that makes the game so exciting!

Top marks for head lice leaflet

Recently I had a visit from a Seton representative who offered to train my staff in the delightful task of head lice detection and treatment. This is a subject about which the girls are all too familiar, but nevertheless they listened attentively, learnt something and were appreciative of this initiative.

Afterwards Dotty showed me a leaflet she had been given. Not produced by Seton but by the North West (Liverpool) Drug Information Centre. It was an excellent, simple black and white leaflet intended for consumers entitled 'The Facts about Head Lice'.

I have seen many leaflets intended to educate the public, but this must be one of the best. It can be cheaply photocopied, is just the right length to maintain interest and uses easily understandable language.

Certainly Dotty was impressed, and immediately negotiated a bulk copying price with our local stationer. She now enthusiastically offers copies to every likely candidate!

Counterpoints

Vital hair colours to dye for

Schwarzkopf is extending its hair colour range with two new premium colorants – Vital Colors and Nordic Colors.

Vital Colors is a new permanent colorant range comprising 18 shades. The products are enhanced with apricot oil and almond protein to add colour, vitality and shine to the hair.

The non-drip colour creme is easy to apply and formulated to work in less than 30 minutes. It is suitable for grey coverage. Retail price is £5.29.

Nordic Colors is a blonding range created to achieve seven natural looking blonde results. The range comprises two highlighters, two lightening cremes and three blonding colour cremes.

The formulations are enriched with camomile to care for lightened hair. Retail price is £6.49.

Schwarzkopf will support both brands, together with its Country Colors range, with a £9 million TV and promotional campaign throughout the year. TV advertising for the two new brands breaks in February 15 and will run until the end of April.

Schwarzkopf & Henkel Cosmetics.
Tel: 01296 314000.

Dove skincare extends to deodorants

Elida Faberge is launching four new skin-friendly antiperspirant deodorants to complement its Dove Personal Wash range.

The products have been developed to offer maximum dry protection with the benefits of 25 per cent moisturising cream.

The deodorants are formulated to care for underarm skin, which can be prone to dryness and irritation, especially after hair removal.

The range comprises an aerosol, roll-on, stick and cream. All the formulations are alcohol-free and have been dermatologically tested. Retail prices range from £1.99 to £2.39.

The launch will be backed by a £10.4 million support package which includes a sampling campaign to 5 million consumers and a TV campaign which breaks on April 1. Total support for the Dove range this year will be £16.4 million.

Elida Fabergé.
Tel: 0181 481 6000.

Colgate keeps its cool with solid format

Colgate-Palmolive is adding a Cool Cotton Smooth Solid variant to its Soft & Gentle antiperspirant range.

The new variant complements the Cool Cotton aerosol, launched last autumn. Targeted at 16- to 24-year-old females, the product has a floral musk fragrance and contains natural cotton extracts.

The stick format is designed to offer effective antiperspirant deodorant protection with a dry application, leaving no white powdery residue. Retail price is £1.89 for 45g.

The Soft & Gentle brand is backed by a £4 million support package.

Colgate-Palmolive (UK) Ltd.
Tel: 01483 302222.

Pantene Pro-V won't let hair colour fade away

Procter & Gamble is extending its Pantene Pro-V range with a collection of products for colour treated hair.

The Pantene Pro-V Color range is formulated to help protect against colour fade and loss of condition and shine. The products contain UV filters, an antioxidant complex, moisturisers and Pro-Vitamin B5.

The range comprises five products including a pre-wash spray to help protect hair colour from the fading effects of washing. Colour Protector Pre-Wash Spray retails at £2.99 (150ml).

The line up also includes Nourishing Care Shampoo (200ml, £2.69), Vitalising Care Conditioner (200ml, £2.99) and Intensive Care Masque (150ml, £4.99).

The launch will be backed by a £3 million TV campaign, print advertising and direct mail to a million homes.

Shipments of these products will start on February 15.

Procter & Gamble (Health, Beauty & Cosmetics) Ltd.
Tel: 01932 279 2000.

Nivea pumps up the action with spray

Beiersdorf is targeting younger men and women in the 18-30 age group with the launch of a new spray format in its Nivea Sun range.

Nivea Sun Spray is a pump-action spritz, specially designed to appeal to a younger, more fashion-conscious consumer than the core Nivea Sun user.

Featuring a light, easily absorbed formula, which is quick to apply, the sprays have been developed to dry quickly to a non-greasy finish.

The formulations offer water-resistant protection from UVA and UVB. In addition, the products include vitamin E and aloe vera to provide skincare benefits.

The sprays comes in four SPF lotions – SPF 2 (rsp £8.49), SPF5 (£9.99), SPF10 (£10.99) and SPF 15 (£11.49). An After Sun Spray is also available (£6.99). Presentation is in portable, non-slip grip 200ml packs.

The sprays will be featured in TV ads as part of a £3.5m campaign

Beiersdorf UK Ltd.
Tel: 0121 327 4750.

Dazzling hair decorations

Estchem Wholesale Supplies is introducing a new range of hair decorations to independent pharmacies in the UK.

A display unit incorporates 16 facings of the carded items (rsp £0.99 each). The base of the unit carries six clear mini tubs of loose items for pick 'n' mix self selection. These items retail from £0.10. Trade price for the whole unit is £95 plus VAT.

Estchem Wholesale Supplies Ltd.
Tel: 0161 428 9433.

LTEARS
BREVIATED
ODUCT
FORMATION

esentotion: Clear, lourless gel ntaining 0.2% w/w arbomer 940 with nzalkonium loride 0.01% w/w preservative.

es: Substitution of ar fluid in the anagement of dry e conditions and in stable tear film.

osoge ond dministration: dults (including the derly) and children: ne drop instilled into e conjunctival fold each affected eye 4 times daily or as quired, depending the degree of comfort.

ontro-indicotions: itients with known persensitivity to any mponent of eparation.

ecial Wornings and ecoutions for Use: ntact lenses ould be removed uring treatment with elTears.

de Effects: Corneal tation may occur th prolonged use. ansient blurring of ion on instillation.

ug Interactions: o significant eractions have een reported.

egnoncy & ctotion: Safety for e in pregnancy d lactation has not een established.

oduct Licence o.: PL0033/0149.

arketing uthorisation Holder: hauvin rarmaceuticals Ltd, hton Road, arold Hill, Romford, sex RM3 8SL.

ckage Quontities nd Price: ade price £1.64 xcl. VAT), RSP: £2.89 c. VAT) for 5g tube.

gol Cotegory: P.

ote of Preporation: ly 1998.

Chauvin

Sore, dry eyes sufferers are crying out for GelTears

Carbomer 940

NEW PACK OTC

- Educational programme
- POS
- Pharmacy competition

Artificial tear gel in a convenient 5g OTC pack

Fishy business for Arkopharma

Arkopharma is adding two new oil products to its Arkocaps herbal remedy range.

Arkocaps Fish Oil one-a-day capsules (60, £7.95) contain 65 per cent of omega-3 essential fatty acids which can help maintain a healthy heart and circulation.

Arkocaps Cod Liver Oil and Multi Vitamins one-a-day capsules (90, £7.95) combine omega-3 essential fatty acids with vitamins. Each capsule contains 580mg of cod liver oil plus 100 per cent of the RDA of vitamins A, B, C, D and E.

All the 100 per cent vegetable origin capsules are gelatin-free.

A counter display unit, holding three boxes of each of the four products in the range is available.

Arkopharma UK.
Tel: 0181 763 1414.

Heinz launches baby versions of its adult foods

Heinz is launching a new range of adult-style wet babyfoods developed from the company's original adult versions, with similar packaging.

The Heinz First range comprises First Beans with Vegetables & Bacon, Pork Sausages & Potatoes in Tomato Sauce, First Soups with Tomato & Vegetable with Pasta Stars or Pea & Ham and First Hoops with Pork Sausages in Tomato Sauce.

All these varieties (163g can, rsp £0.51) are suitable for babies from seven months. New, too, for babies of the same age is Pasta Alphabet in Tomato & Cheese Sauce (200g jar, rsp £0.67).

Mario Salvatori, Heinz category manager, comments: "The Heinz First range combines our trusted infant feeding expertise with our traditional adult food values.

"Mothers are keen to wean their babies onto family foods as quickly as possible and the development of Heinz First introduces a key stage to help them achieve this."

The company is also introducing three new wet babyfood varieties suitable for babies from four months - Porridge Oats with Prunes (128g can, rsp £0.45), Strawberry Cheesecake (128g can, rsp £0.45) and Raspberry & Pear Cream Food (163g jar, rsp £0.55). New in the Junior Cuisine range for infants from 12 months is Vegetable & Tuna Pasta Bake (225g jar, rsp £0.79), which combines pasta with the most popular Heinz fish variety, and Creamed Rice Pudding with Tropical Fruit (200g jar, rsp £0.67).

Farley's & Heinz Infant Nutrition.
Tel: 0181 848 2256.

ESI Aloe Vera balm to protect lips

Sutherland Health is adding a new lip balm to its ESI Aloe Vera range which also includes juices, tablets and gel.

ESI Aloe Vera lip balm is formulated to provide rich, soothing protection for dry, cracked and chapped lips.

The medicated, vitamin enriched formula contains a total sun block, aloe vera, tea tree and lysine. Retail price is £2.49.

Sutherland Health Ltd.
Tel: 0800 389 8057.

Radian-B provides magic touch

Roche Consumer Health is supporting its Radian-B range of topical analgesics with a new £1.1 million TV advertising campaign.

On TV until the end of February, the new commercial is set inside an animated bathroom cabinet and contains tired and worn bathroom accessories.

In the commercial, Radian-B emits a warm glowing mist which engulfs the comb, toothpaste and medicine bottle, rejuvenating them and restoring them to their former selves.

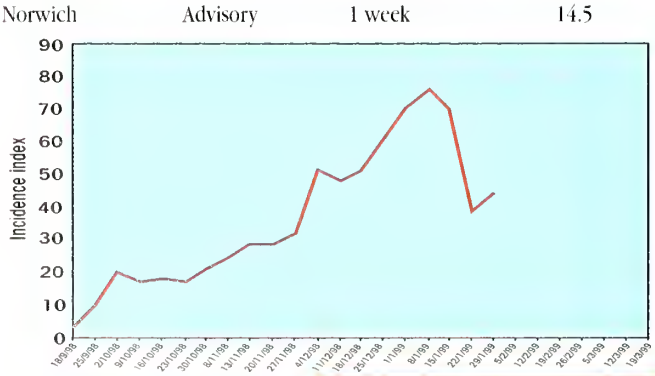
Eye-catching new PoS material is available to support the Radian-B range in pharmacies.

Roche Consumer Health.
Tel: 01707 366000.

Cough, cold & flu FORECAST

Information updated weekly by SDI

City	Status	Weeks on status	Incidence index for this week
Birmingham	**Alert**	**5 weeks**	26.9
Bristol	Alert	6 weeks	60.7
Glasgow	**Alert**	**5 weeks**	33.2
Leeds	Advisory	1 week	9.4
London	**Alert**	**6 weeks**	52.1
Manchester	Alert	7 weeks	59.0
Newcastle	**Alert**	**6 weeks**	33.3
Norwich	Advisory	1 week	14.5



SPONSORED BY Benylin

MARKET STATUS
ALERT
(week 7)

SB is strong minded in student promotion

SmithKline Beecham is targeting students aged 18-25 with a new promotion for Solpadeine Max.

The initiative involves 124 sites of higher education across Britain. Striking black and silver postcards explain that while 'some pain is worth enduring ... some isn't', steering students towards pharmacies and Solpadeine Max.

In total, 400,000 postcards will be distributed during February and March. Students are also invited to send off for a free poster of the postcard.

A press advertising campaign will coincide with the student promotion. Aimed at 18-35-year-old men and women, the ten week campaign focuses on the message 'You can't buy a stronger painkiller'.

SmithKline Beecham Consumer Healthcare Ltd.
Tel: 0181 560 5151.

ARE YOU MISSING OUT?

Acarbose Tabs 50mg
Alfuzosin Tabs 2.5mg
Amlodipine Tabs 5mg
Amlodipine Tabs 10mg
Azithromycin Caps 250mg
Bisoprolol Tabs 5mg
Bisoprolol Tabs 10mg
Budesonide Turbohaler 400mcg
Celiprolol Tabs 200mg
Cetirizine Tabs 10mg
Cisapride Tabs 10mg
Citalopram Tabs 20mg
Dydrogesterone Tabs 10mg
Enalapril Tabs 5mg
Enalapril Tabs 20mg
Famciclovir Tabs 250mg
Finasteride Tabs 5mg
Fluconazole Caps 150mg
Flunisolide Nasal Spray 25mcg
Fluoxetine Caps 20mg
Gabapentin Caps 100mg
Gabapentin Caps 300mg
Gabapentin Caps 400mg
Hydroxychloroquine Tabs 200mg
Ipratropium Inhaler 20mcg
ISO Mono Tabs 60mg
Lacidipine Tabs 2mg
Lansoprazole Caps 15mg
Lansoprazole Caps 30mg
Lisinopril Tabs 5mg
Lisinopril Tabs 20mg
Loratadine Tabs 10mg
Meloxicam Tabs 7.5mg
Meloxicam Tabs 15mg
Moclobemide Tabs 150mg
Nabumetone Tabs 500mg
Nicorandil Tabs 10mg
Nicorandil Tabs 20mg
Nizatidine Caps 150mg
Omeprazole Caps 20mg
Pantoprazole Tabs 40mg
Paroxetine Tabs 20mg
Pergolide Tabs 1mg
Pergolide Tabs 50mcg
Pergolide Tabs 250mcg
Perindopril Tabs 4mg
Pravastatin Tabs 10mg
Pravastatin Tabs 20mg
Risperidone Tabs 1mg
Risperidone Tabs 2mg
Risperidone Tabs 3mg
Risperidone Tabs 4mg
Salmeterol Inhaler 120 dose
Simvastatin Tabs 20mg
Terbinafine Tabs 250mg
Terbutaline Turbohaler
Tibolone Tabs 2.5mg
Valaciclovir Tabs 500mg

AVAILABLE FROM ALL LEADING WHOLESALERS, OR FOR FURTHER DETAILS CONTACT

CONCEPT generics at DOWELHURST LIMITED, WARWICK. TEL: 01926 400900 EMAIL: zoeh@dowelhurst.demon.co.uk

NOVARTIS

What makes Tixylix® No.1 for sales?

Mums can see it on TV (when they get a chance!)

We know how important your advice is to Mums worried about children's coughs and colds.

That's why to ensure that Tixylix stays No.1 our TV commercial works hard to bring them into your pharmacy. This year we're investing **over £2 million in national TV support for the brand.**

And, with the widest range, it's no surprise that Tixylix continues to outsell the nearest competitor nearly twice over.*

Recommend Tixylix this winter – it's the one Mums are most switched onto.

Recommend Tixylix – It's specially made for children

Tixylix CATARRH SYRUP	Tixylix CHESTY COUGH	Tixylix COUGH & COLD	Tixylix DAYTIME	Tixylix NIGHT-TIME	Tixylix NIGHT-TIME SF	Tixylix INHALANT
Diphenhydramine Menthol	Guaiphenesin	Pholcodine Pseudoephedrine Chlorpheniramine	Pholcodine	Pholcodine Promethazine	Pholcodine Promethazine	Menthol,Campho Eucalyptus Turpentine Oil

* Nielsen data on file

For further information on winter bonuses please contact Sales Support on 01403 323 955. Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB. Tel. 01403 210.

Macleans paste and brush twinned on TV

SmithKline Beecham is supporting its Macleans Whitening toothpaste and Macleans the Toothbrush with a £2 million TV advertising campaign.

On air across all regions until early March is the successful 'twins' toothpaste commercial, which now also incorporates Macleans the Toothbrush.

The advertising features identical twins to demonstrate how one achieved whiter teeth than her sister, through regular brushing with Macleans Whitening.

SmithKline Beecham Consumer Healthcare UK.
Tel: 0181 560 5151.

Bonus promotion with Colofac brands

Solvay Healthcare is running a price promotion on its mebeverine-based OTC anti-spasmodic brands.

Any pharmacy ordering ten packs of either Colofac IBS or Colofac 100 at the trade price of £2.38 per pack will receive three free packs.

The retail price of each pack is £4.99 – a standard POR of 33 per cent.

Colofac IBS is indicated for irritable bowel syndrome following a doctor's diagnosis. Colofac 100 is for colicky abdominal pain, without any need for a doctor's diagnosis.

Solvay Healthcare Ltd.
Tel: 01703 472281.

ON TV NEXT WEEK

Aquafresh Flextip: All areas

Canesten Combi: All areas except GMTV

Carex: All areas

Imodium Plus: All areas

Kwai Garlic: G, Y, HTV, M, TT, C4, TSW

Movelat Relief: B, G, Y, M, C4

Nizoral dandruff shampoo: U

Nytol: All areas except C

Oilatum bath formula: C, M, CAR

Oilatum Junior: C, M, CAR

Poli-Grip: All areas except GMTV

Radian B: All areas except GTV, U, STV, CTV, LWT, CAR

Setlers Wind-eze: All areas except C

Sinex: B, G

Strepsils: ITV, C4, C5, GMTV, Sat

Tixylix: C, M, CAR, GMTV, Sat

Vaporub: G, HTV, TT, TSW

Vaposyrup: G, C, HTV, M, CAR, TT, TSW

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Condomania adds flavour to condoms

Sutherland Health is distributing a new quality, flavoured condom range to pharmacies.

Condomania Flavours is a range of coloured and flavoured condoms designed to appeal to existing condom users and to encourage new condom users.

The products are available in spearmint, tutti frutti, strawberry, banana and an assorted pack, which contains two additional flavours – orange and chocolate.

The condoms have achieved the EN600:1966 Standard and the CE Mark. Retail prices are £2.85 (for three) and £8.99 (12).

The Condomania brand is being supported by an eye-catching press advertising campaign.

● The flavoured condom sector grew to 7.7 per cent of the £9.3 million condom market in pharmacies last year (Nielsen Oct 1998).

Sutherland Health Ltd.
Tel: 0800 389 8057.

IN BRIEF

Equilon on TV

Chefaro is supporting Equilon and Equilon Herbal with a national TV advertising campaign during February and March. The commercial is designed to help educate consumers to recognise the symptoms of IBS.

Chefaro Proprietaries Ltd.
Tel: 01480 421800.

Sula campaign

Food Brokers is spending £1 million on a TV advertising campaign for Sula sugar-free sweets this month. This will be followed by a series of consumer magazine promotions for the brand. A national consumer sampling roadshow is also planned.

Food Brokers Ltd.
Tel: 01705 222500.

Family friendly award

SMA Nutrition is launching the SMA Parents' Charter Mark to encourage retailers and public service providers to address parents' needs. Parents are invited to nominate a place, organisation or shop which they feel is particularly 'parent and family friendly'. Establishments which meet strict criteria will be awarded a Charter Mark in the form of a window sticker.

SMA Nutrition.
Tel: 01628 660633.

Script specials

Activa launches medical hosiery

Activa Health Care has launched a new line of medical hosiery to complement its existing range of over the counter support tights.

Activa Class Hosiery are available on the NHS for use in varicose veins and leg ulcers. As well as offering the required graduated compression, the hosiery range has also been designed to be comfortable, easy to put on and visually appealing to increase compliance.

The hosiery incorporates Lycra and Tactel and features a wide toe area and large heel sack for comfort. A honeycomb band at the knee has been added to hold stockings firmly, while avoiding blood constriction.

The range comprises five products:

Activa Class I (light support) Stockings, Activa Class II (medium support) Stockings, Activa Class III (firm support) Stockings, Activa Class II Unisex Ribbed Socks and Activa Class II Anklets and Kneecaps. Stockings are thigh-length or below knee and open or closed toe. Retail prices range from £8-£15 depending on size and type.

All Activa hosiery packs are colour-coded for easy recognition. Garments also carry coloured thread in the welt to indicate size.

Activa Health Care Ltd. Tel: 01283 540957.

Licence extension raises cost issues

Betaferon has been licensed for the more severe, disabling form of multiple sclerosis, amid concerns that some health authorities will continue to refuse its NHS supply.

The drug was previously licensed for the treatment of relapsing-remitting MS, which 85 per cent of patients experience in the initial stages of the disease. Over half these patients then deteriorate to the secondary progressive form, for which Betaferon has now been approved.

Speaking at a press conference, sponsored by Schering Health Care on Tuesday, Dr Giles Elrington, consultant neurologist at Colchester General Hospital, said Betaferon was not a cure but MRI scans in the trial showed it delayed disease progression. People with secondary progressive MS gradually lost the ability to walk and look after themselves. He estimated that treating patients for three years could save one year of disability, although it was still not certain exactly which patients would benefit.

It will now be up to neurologists to negotiate funding with health authorities. Dr Elrington said doctors would have to be responsible and apply to use the drug only when there were compelling reasons to believe it could be effective. Patients would also need to be robust enough to cope with the flu-like side effects and having to inject themselves. He estimated that about one-tenth of the UK's 85,000 MS sufferers might benefit from the drug, which costs £10,000 a year per patient. There was no comparison with Viagra, he said. "MS is a paralysing, disabling disease. We are not talking about erectile dysfunction, we're talking about life."

The Multiple Sclerosis Society has called for urgent government guidance to health authorities on the funding and prescribing of Betaferon in secondary progressive MS. Chief executive, Peter Cardy, said: "Many people are still being refused the drug for relapsing-remitting MS - for which it has been licensed since 1995 - in spite of the fact that others are reporting beta interferon has significantly improved their quality of life. This is an unacceptable state of affairs which should not be allowed to continue."

In response to the new licence, chief executive of the NHS Confederation Stephen Thornton called on the Government to clarify its position on postcode prescribing. "The drug could provide valuable relief for many sufferers of MS. However, the cost implications are horrendous. This is a potentially serious issue as neither the Government nor health authorities have made provision for this hugely expensive drug in next year's financial plans. It is likely that some may have no choice but to restrict the drug's availability on the grounds of affordability."

MEDICAL MATTERS

Belt and braces approach to nicotine replacement therapy

Smokers using nicotine replacement nasal spray and patches are more likely to give up smoking than those using patches alone. A study in the *British Medical Journal* showed that short- and long-term abstinence rates were higher - double at six months and triple at one year - when smokers used a combination of patch for five months and nasal spray for one year.

Sustained abstinence rates for combined NRT were 51 per cent compared with 35 per cent for patch only after six weeks; 37 per cent vs 25 per cent after three months; 31 per cent vs 16 per cent after six months; 27 per cent vs 11 per cent after 12 months; and 16 per cent vs 9 per cent after six years.

The results show that using patches and having additional access to nasal spray was a successful combination for quitters. However, as only a low percentage of patients were using the spray at one year, the authors say that it is not cost-effective to prescribe the nasal spray for longer than seven months after stopping the patch.

IN BRIEF

Mistamine for skin allergies

Galderma has introduced the oral antihistamine mizolastine under the brand name of Mistamine (30x10mg tablets, basic NHS price £8.95) for use in skin allergies.

Galderma (UK) Ltd. Tel: 01494 432606.

Sandoglobulin shortage

Sandoglobulin (human normal immunoglobulin) will be experiencing a world-wide shortage this year due to the FDA recalling all US-source plasma. As a result, Novartis has been forced to prioritise supplies to patients with chronic licensed conditions, particularly those with primary immune deficiencies. In the meantime, all new patients requiring intravenous immunoglobulins should be given an alternative product to Sandoglobulin.

Novartis Pharmaceuticals UK Ltd. Tel: 01276 698370.

Hydrocortisyl discontinued

Hoechst Marion Roussel will be discontinuing Hydrocortisyl Cream 15g and Ointment 15g (hydrocortisone 1 per cent) when current stocks are exhausted.

Hoechst Marion Roussel. Tel: 01895 834343

New pellets target Crohn's disease

Budenofalk is a gastro-resistant formulation of budesonide for the treatment of active Crohn's disease of the ileum and/or ascending colon.

Each Budenofalk contains 3mg budesonide in pellet form enclosed in a hard gelatin, gastro-resistant capsule. The formulation means the drug can target the lower gastro-intestinal system and be scattered more broadly in the inflamed area, avoiding high concentrations at one particular site.

The dose is one capsule three times daily for the induction of remission in mild to moderate disease. Capsules must be taken with a glass of water before meals. Duration of treatment should be limited to eight weeks and withdrawal tapered. Budenofalk is not suitable for patients with Crohn's disease affecting the upper GI tract.

The basic NHS price for a 100-capsule pack is £85.

Cortecs Healthcare Ltd. Tel: 01978 661351.

Stocking a top selling pregnancy test kit is now as easy as one, two, three...

For some women getting pregnant isn't as easy as one, two, three... from the thousands of calls made to our customer care helpline we found that the majority of women who want to have children plan up to six months in advance. However a significant number take even longer to conceive.

These are the women who are the ***multi-test*** users, they test month after month hoping for a positive result. When asked if they would prefer to purchase a ***3 test*** pack if it were available, 50% said yes. Their main reason was that when faced with potentially expensive regular monthly outlays the three test pack offered an economic alternative.

Since Early Bird® has always provided a value for money brand for pregnancy testing, it made sense to add the new ***3 test*** pack to our range to enable women to choose the pack size that most suited their individual needs.

1 test - for "one time users" **2 tests - for those who want to "double check"** **3 tests - for the "multi-user"**

£5.75 **£9.75** **£7.75**

Early Bird® - as easy as 1,2,3 for pharmacists and consumers!

Available from all major Wholesalers.

Kent Pharmaceuticals Limited, Wotton Road, Ashford Kent TN23 6LL. England.

Radian B. Now backed by a national TV campaign.

A new look Radian B is now appearing on shelves across the country. But we're not stopping there. From Februa we'll be displaying our modern, eye-catching look on the nations TV screens as well as across the pages of its magazines and newspapers.

Based on extensive consumer research and with over £1million worth of muscle behind it, the campaign is set to push Radian B to the forefront of the topical analgesic market.

Add to that, new in store support, and we think you'll give Radian B some strong backing of your own.

New ways of working at BTC head office

Four weeks after the first employees moved in, Boots the Chemists officially declared the first phase of its new head office open last week. When the £50 million project is completed in the spring of next year, BTC's 2,500 head office staff will all be located on one site.

Lord Blyth, chairman of the Boots Co, started a millennium clock to officially mark the opening of the first phase of the new Boots the Chemists head office

Last month 1,400 people started working in the new £28m building, known as D90 East. They have moved from Station Street in Nottingham city centre, and from the D18 building on the Beeston site, as well as the old D90 head office building.

Formally opening the building, Boots chairman Lord Blyth said the project symbolised the confidence the company had in the BTC business. "It is a difficult trading environment and we face a difficult upcoming year," he said.

Phase two of the project comprises a refurbishment of D90, a grade II listed building, and the construction of a link between the old and new buildings, which will act as the reception area.

D90 East claims to be one of the most cost-effective and energy efficient corporate headquarters of its size. It provides 16,000m² of floor space on three levels. Over 850km of cabling link 14,000 data outlets, and 30km of water-cooled pipework in the ceiling space help control the temperature of the workplace.

In tandem with the move into the new building, Boots is rethinking its working practices. Offices have been swept away and everyone from managing director Steve Russell downwards works in an open plan environment. The intention is to encourage creative team working.

Employees are grouped together in neighbourhoods. In some departments there is 'hot desking', but most employees have their own workstation. Four 'hubs' on each floor provide refreshments, fax, photocopying and mail services. Project areas, 'break out space' (informal seating) and meeting rooms serve each neighbourhood.

All filing cabinets are low level – staff were required to reduce their file storage space by 70 per cent when moving into the new offices.

The main atrium, known as The Street, features the New Ways Café and a newsagent. Both facilities are cashless: staff identity cards double up as cash cards when paying for items, and can be recharged by feeding notes or coins into centrally located charge points.

'New ways of working' is to be carried outside the building, too. Once construction is complete a nature trail will be laid out in the 11 acres surrounding the site, to include wildflower meadows and a gazebo overlooking a wildlife pond. Twelve powerpoints in landscaped seating areas will allow portable PCs to be used outdoors – weather permitting.

The New Ways Café in the atrium of the new building with 'break out' areas on the floors above to encourage 'new ways of working'

CFC-free inhalers switch reveals patient problems

The switch to CFC-free inhalers is causing problems for patients and pharmacists, according to anecdotal reports being received by the National Pharmaceutical Association.

Pharmacists are having to counsel many patients who complain that the new inhalers "don't work" or "feel wrong". Although this is time-consuming for the pharmacist, the NPA points out that it highlights the value of the pharmacist in the supply chain.

The NPA is to offer its help to patient groups such as the National Asthma Campaign to help ease the transition for patients. It is also liaising with the Pharmaceutical Services Negotiating Committee in an attempt to solve the problems facing pharmacists.

As anticipated, GPs are not routinely changing their repeat prescribing records, so that patients who have already been switched to a CFC-free inhaler are subsequently receiving prescriptions for the old variety.

Pharmacists are having to return scripts to GPs for endorsement so that the CFC-free inhaler can be dispensed, causing inconvenience for all parties. The NPA says pharmacists should be allowed to endorse the prescription to indicate that a CFC-free inhaler has been dispensed.

NPA BOARD

Discount discontent

Many calls from pharmacists unhappy about the recently announced discount clawback have been logged by the National Pharmaceutical Association.

The subject was raised at last week's board meeting, where it was acknowledged that the PSNC faces a near impossible task in finding a mechanism that is fair to all. Any averaging system will inevitably create both winners and losers. But the size of the current clawback and the impact of one product - ranitidine - highlight the problems of the current system.

The high monthly penalty will create serious financial difficulties for pharmacists who have been unable to predict the extent of their liability. It has made sound financial planning impossible and is a clear disincentive to investment in pharmacy services.

The NPA said that while it cannot dispute the right of the Department of Health to reclaim money gained via discount arrangements, the current clawback highlighted the precarious viability of pharmacies, which has not been helped by the "year on year erosion of margin brought on by miserly NHS remuneration settlements".

P to GSL moves

The National Pharmaceutical Association is facing up to the difficulties of influencing the Medicines Control Agency over the increasingly frequent proposals to deregulate medicines from P to GSL.

The Association is opposing the current move to make minoxidil (external), paracetamol liquid and ibuprofen GSL medicines, but points out that the MCA is only required to consider the safety aspect of deregulation.

If pharmacy bodies are to be more successful in opposing proposed switches, they will need to demonstrate the added value of obtaining medicines from a pharmacy. One way of doing this is to continue to promote the use of protocols within pharmacies.

Tax relief for CPD?

Pharmacists should receive tax relief for postgraduate training and the development of multidisciplinary training programmes, said the National Pharmaceutical Association in a response to the interim report on the Continuing Education Strategy for NHS Pharmacists in England.

The strategy was issued by SCOPE - the Steering Committee on Pharmacy Postgraduate Education - in 1994, and is intended to ensure that all pharmacists providing care to NHS patients should participate in lifelong learning. The report summarised progress made and identified areas for further action.

The Association is to consider initiatives that would help SCOPE to achieve its objectives, such as encouraging pre-reg students to use the NPA's continuing professional development form.

IN BRIEF

NRT deregulation

The NPA has joined with other pharmacy organisations in requesting an urgent meeting with Frank Dobson to discuss the proposal to deregulate nicotine gum from P to GSL. In addition, it has warned the NHSE that deregulation would undermine pharmacists' commitment to the Government's smoking cessation strategy. The Medicines Control Agency's proposal to outlaw the sale of nicotine gum to those under 16 is described as "nonsensical".

Y2K resource pack

A resource pack to help pharmacists assess the likely impact of the Millennium Bug on their information technology and other equipment is to be sent out in March by the NPA. It will contain an explanation of the problem, a description of how to do a self-assessment, contact information for more help and sample letters for pharmacists to send to suppliers.

Complementary course

The NPA is considering offering a leading open learning training course on homoeopathy. An increasing number of pharmacists are contacting the training department for advice on suitable courses.

Postgraduate diploma

A second cohort of students has started the NPA/University of Brighton postgraduate diploma course. All 30 places had once again been filled, although one student had to drop out just before the first residential weekend. The course equips pharmacists with improved clinical ability and the skills needed to become more proactive members of the primary healthcare team.

EC moves to deregulate medicines market opposed

The Pharmacy Group of the European Union (PGEU) remains extremely concerned about the European Commission's moves to develop a single market in pharmaceuticals - the so-called 'Bangemann initiative'.

The Commission has produced a position paper outlining its proposals on deregulation of medicines. This included proposals to end resale price maintenance, widen the distribution of non-prescription medicines and allow distance selling of medicines.

Colette McCreedy, secretary of the UK delegation to the PGEU, said that the Group had already submitted its own position paper to the Commission, spelling out its opposition to many issues raised by the Bangemann initiative.

It will be making a further robust response to the latest position paper. The PGEU was accorded observer status at the last 'round table' meeting in December at which the Commission debated its deregulation proposals with interested parties, such as pharmaceutical manufacturers and representatives of governments of member states.

PHARMACY update

Last year, the UN's Food and Agriculture Organization and the World Health Organization issued a joint document on carbohydrates in human nutrition. Charles Gladwin discusses the contents

On the CHO CHO train

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1116), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* MARCH 13, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To be aware of the place of carbohydrates in the diet
- To recognise the major sources of carbohydrates
- To be aware of how carbohydrates are classified
- To be aware of its physiological role in the body
- To understand the meaning of the glycaemic index

Dietary fads in the West change at enormous speed, especially as 'slimming' diets take over rational thought and promote one type of food at the expense of others.

The current rise in obesity in the West is due in part to the improvement in food quality. Calorific content has increased in food, but this energy consumption by westerners has not been matched by an increase in activity.

The less privileged sectors of the world do not have the luxury of excess calories in their diet. There is little nutritional choice and carbohydrates (CHO) dominate, accounting for up to 80 per cent of total food energy intake. However, as a recent report* from the UN's Food and Agriculture Organization, issued jointly with the World Health Organization points out, a diet high in CHO may reduce individual propensity to obesity.

Table 1. Major sources of carbohydrate in the human diet (based on global figures):

1 cereals
2 root crops
3 sugar crops
4 pulses
5 vegetables
6 fruit
7 milk products

A diet high in CHO may reduce the risk of obesity, suggests WHO

Evidence is growing that high fat diets encourage consumption of more total energy than diets high in CHO, it says. In part, this may be due to the higher volume, lower calorie density of CHO stimulating a feeling of satiety.

CHO may also have a role in maintaining health or protecting against some non-communicable human diseases and conditions, says FAO. Obesity, non-insulin dependent diabetes, coronary heart disease, some cancers (especially colorectal) and other gastrointestinal tract conditions may benefit from the 'right' diet of CHO. However, it should be remembered

Continued on PII →

Table 2. Physiological effects attributed to CHO which may be important to health include:

- energy provision
- stimulating satiety
- affecting gastric emptying
- blood glucose and insulin control
- protein glycosylation
- cholesterol and triglyceride metabolism
- bile acid dehydroxilation
- fermentation
- bowel habit/laxation
- effects on intestinal microflora

Continued from PII

that sugar can be cariogenic.

Over the past few years, knowledge has been increasing about the physiological activity of CHO, affected by factors such as site, rate and extent of digestion and fermentation. Physical performance can also be affected by what has been termed 'glycogen loading'.

But with the understanding of food has also come a plethora of terminology. The FAO report outlines the several means of classifying CHO, and aims to remove some of the confusion about the role of CHO in the diet.

FAO tends to reject terms such as extrinsic and intrinsic sugars, complex carbohydrates, available and unavailable carbohydrate, resistant and modified starch, and dietary, soluble and insoluble fibre.

It proposes that the glycemic index (GI) in food choice be adopted (see panel). This classifies foods according to their blood glucose raising potential. The index represents the actual energy obtained from a food source, irrespective of the type of CHO.

Consumption

In Europe, over the past few decades, there has been a significant drop in root crop production, with a greater emphasis on cereals. "Since root crops are an excellent source of CHO, there is concern about this downward trend in production," says the FAO report.

Further, in developed countries there had been a fall in CHO consumption, with energy replaced by fat, but there has been a slight reversal in the past two decades. This is a positive move as CHO-based foods are also "an important vehicle for protein, micronutrients and other food components, like phytochemicals, which have important benefits for health". For example, phytoestrogens, commonly found in CHO staples, may have a preventative role in breast cancer.

If CHO consumption levels go above about 75 per cent of total energy intake, there could be significant adverse effects on nutritional status by the exclusion of adequate amounts of protein, fat and other essential nutrients, says FAO, and it recommends: "An optimum diet should consist of at least 55 per cent of total energy coming from CHO obtained from a variety of food sources." This level should reduce the likelihood that body fat will accumulate.

As individual food sources vary, FAO warns that a single food source of CHO is undesirable – diets based primarily on a single food source lack variety which can lead to micronutrient deficiencies. "It is important, therefore, that a number of different CHO sources be consumed and efforts should be made to encourage a wide variety of CHO foods."

Among developed countries, FAO reports that intake of sugars derived from cereals, milk products and beverages is consistent, but the UK population consumes less fruit and higher levels of confectionery than that of countries such as the US and Australia.

Energy

By convention, dietary CHO has an energy value of 4kcal/g or 17kJ/g. However, if it is monosaccharide, this drops to 3.75kcal/g or 15.7kJ/g.

What has been ignored up until now is the energy derived not by digestion in the small intestine, but by fermentation in the large intestine. Typically this occurs with oligosaccharides, resistant starch and non-starch polysaccharides and short-chain fatty acids, but as the process is less efficient than absorption higher up the intestine, it delivers less energy to the body. FAO says that a caloric value of about 2 kcal/g or 8kJ/g "would be a reasonable average figure for CHO which reaches the colon". In so doing, it calls for the energy value of all CHO in the diet to be reassessed and more accurate energy factors given to each group or sub-group.

In terms of the body's awareness of its energy requirements, ie satiety, FAO concludes that it is unlikely that controlling a single dietary component, such as the type of sugar or starch, will lead to a significant change in the amount of food consumed.

What may be more important here is to reduce energy derivation from fat and increase the proportion derived from CHO. A report in *The Times* (September 9, 1998) of the Carmen study (for CHO Manipulation in European National diets) found that weight loss could be sustained by switching to a diet lower in fat – from about 36 per cent to 30 per cent – but higher in starches and sugars.

In the study, those put on the lower fat group but with higher starch and sugars lost an average of 1.8kg. Those on lower fat and increased starches only lost an average of 0.94kg. Those sticking to their normal diet gained 0.82kg over the same period.

FAO points out that, for adults, it is important to match energy ingested with energy expended. "Positive energy balance and obesity occur when total energy intake exceeds total energy expenditure, regardless of the composition of the excess energy." Too much CHO can lead to indirect fat accumulation as it will be oxidised by the body, reducing the amount of body fat oxidation.

Another concern countered by FAO, is that increasing CHO intake significantly at the expense of fat may reduce high-density lipoprotein and increase very low-density lipoprotein and triglycerides in the blood. "There is no evidence that this happens when the increase in CHO occurs as a result of increased consumption of vegetables, fruit and appropriately processed cereals over prolonged periods," it says.

Digestion

CHO needs to be broken down into monosaccharide components, in order to be absorbed.

The process starts in the mouth where salivary alpha-amylase starts to degrade the starch and is helped by pancreatic amylase activity in the small intestine. Disaccharidases in the intestinal brush-border membrane hydrolyse disaccharides into monosaccharides. If there is a deficiency of disaccharidases, it may lead to malabsorption and intolerance, as may occur with genetic defects.

Glucose and galactose are transported actively by a sodium-dependent transporter, SGLT 1, and fructose relies on another mechanism, GLUT 5. It is also better absorbed when present with other sugars.

Once in the blood, fructose and galactose are converted to glucose mainly in the liver, and consequently have a less pronounced effect on raising blood glucose levels. Besides sugar content, other factors affecting blood glucose levels include rate of absorption, gastric emptying, rate of hydrolysis and rate of diffusion in the small intestine. As blood sugar levels increase, insulin is secreted, but this is also modulated by factors such as amino acid composition.

Lactose – a disaccharide of glucose and galactose – is the main sugar in milk. Lactase activity in the brush-border region is highest in humans at birth, but drops after weaning in most populations (except principally Caucasians).

Lactose, if not digested, will pass into the lower intestine where it is fermented leading to abdominal discomfort, wind and diarrhoea, often referred to as

Continued on PIV →

Classification

Sugars – monosaccharides, disaccharides and polyols, eg sorbitol, mannitol (degree of polymerisation 1-2). Sugar is purified sucrose

Oligosaccharides – malto-oligosaccharides and others (DP 3-9)

Polysaccharides – starch and non-starch, eg cellulose, pectins, hydrocolloids (DP more than 9)

Intrinsic sugars – those occurring naturally in foods from plant cell walls. **Extrinsic sugars** – those added to foods. **Non-milk extrinsic sugars** – the term was introduced because milk contains lactose. The terms aimed to distinguish between 'healthy' and 'unhealthy' sugars but are not widely used

Complex CHO – introduced to distinguish sugars from other CHO – has come to mean starch. It was used to encourage consumption of healthy foods such as whole grain cereals, "but becomes meaningless to describe fruit and vegetables which are low in starch". Starch, depending on source, has a variable glycemic index. "As a substitute term for starch it would have little merit"

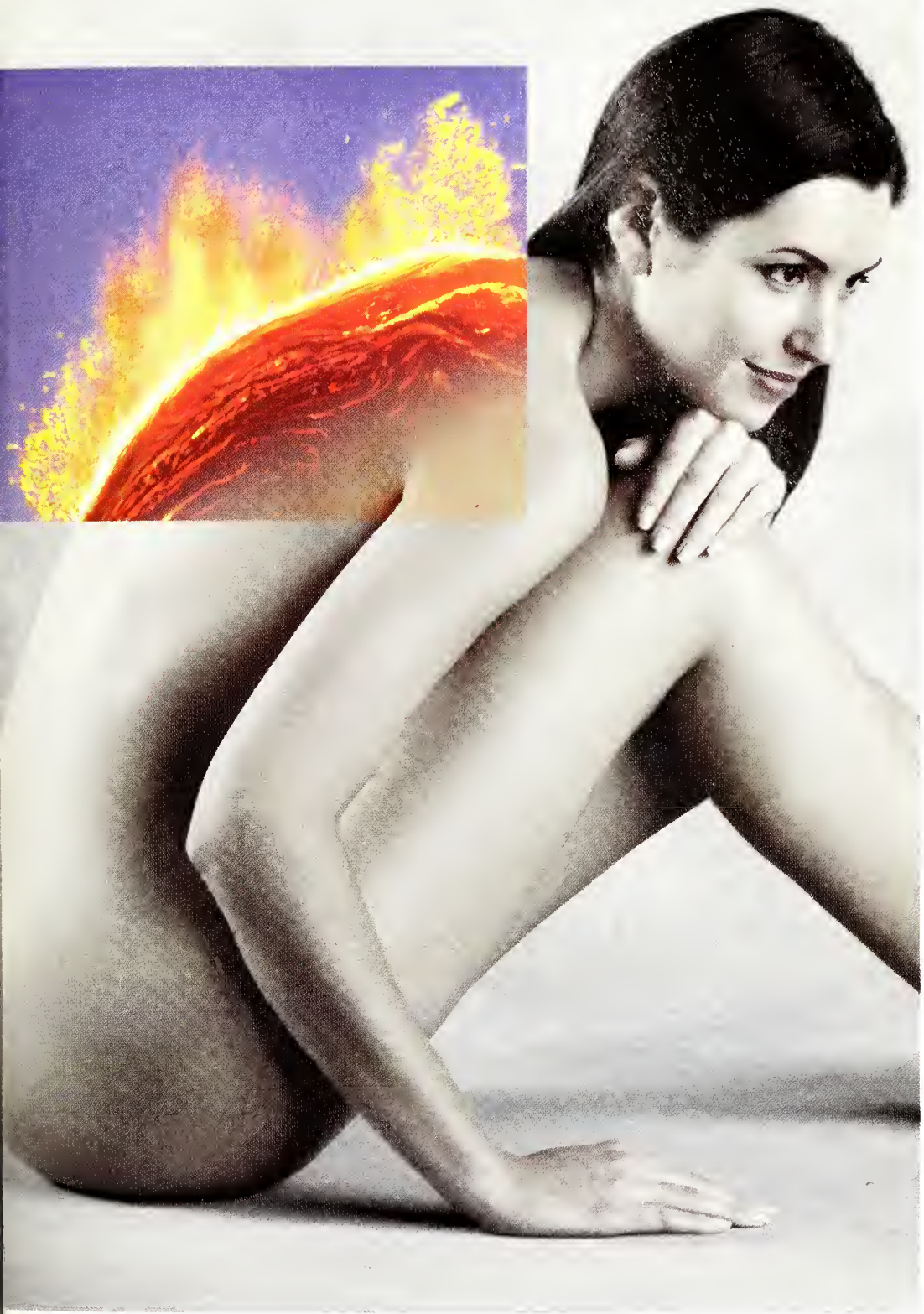
Available/unavailable CHO – differentiates between CHO which the body can metabolise and use (eg starch and soluble sugars) and that which it cannot (eg cellulose or 'fibre'). However, unavailable CHO can produce some energy by fermentation

Resistant starch – starch and starch degradation products not absorbed in the small intestine

Modified starch – starch from specifically bred plants with varying levels of amylose and amylopectin. This may be partly resistant to digestion, adding to resistant starch levels

Dietary fibre – there is no consensus on which CHO components this includes. The term has become linked to health, but to say a diet low in fibre is unhealthy is vogue and an over-simplification. Also, a recent study in the *New England Journal of Medicine* has found no evidence to support fibre's protective effects against colorectal cancer

Soluble/insoluble fibre – early CHO chemistry found pH changes affected the extract fractions. However, the separation into the two groups is dependent on conditions, so is not very chemically distinct. There are even fewer differences in physiological terms.



New Mistamine takes skin allergy out of the picture.

Mistamine®
Mizolastine

GALDERMA DEDICATED TO DERMATOLOGY

Abbreviated Prescribing Information for Mistamine Tablets (Mizolastine) UK/Ireland. *Please refer to the Summary of Product Characteristics before prescribing.* **Indications:** Mistamine is indicated for the symptomatic treatment of seasonal allergic rhinoconjunctivitis (hay fever) and perennial allergic rhinoconjunctivitis and urticaria. **Presentation:** Each Mistamine oval film-coated tablet contains 10mg mizolastine. Recommended administration: One tablet daily. Adults, the elderly and children 12 years of age and over. **Contra-indications:** Hypersensitivity to mizolastine, concomitant administration with: macrolide antibiotics, systemic imidazole antifungals or drugs known to prolong the QT interval, such as class IA and III anti-arrhythmics; significantly impaired hepatic function; clinically significant cardiac disease; a history of symptomatic arrhythmias; patients with known or suspected QT prolongation or electrolyte imbalance, in particular hypokalaemia. **Precautions and warnings:** Mizolastine has a weak potential to prolong the QT interval in a few individuals. The degree of prolongation is modest and has not been associated with cardiac arrhythmias. The elderly may be particularly susceptible to the sedative effects of mizolastine and the potential effects of the drug on cardiac repolarisation. **Side-effects:** Adverse reactions to Mistamine reported in decreasing order of frequency. Drowsiness and asthenia, often transient in nature. Increased appetite associated with weight gain in some individuals. Dry mouth, diarrhoea, dyspepsia or headache. Isolated cases of hypotension, anxiety and depression, low neutrophil count and raised liver enzymes reported rarely. Bronchospasm and aggravation of asthma reported, but a causal relationship remains uncertain. Minor changes in blood sugar and electrolytes were observed rarely; those at risk should be monitored periodically. **Effects on ability to drive and use machines:** Most patients taking Mistamine may drive or perform tasks requiring concentration. However, to identify sensitive people with unusual reaction to drugs, it is advisable to check the individual response to Mistamine before driving or performing complicated tasks. **Interactions:** Mistamine is contra-indicated with concurrent use of systemically administered ketoconazole and erythromycin. Approach concurrent use of other potent inhibitors or substrates of hepatic oxidation (cytochrome P450 3A4), including cimetidine, cyclosporin and nifedipine, with caution. No potentiation of alcohol-induced sedation and alteration in performance was observed in studies with Mistamine. **Pregnancy and lactation:** Safety for use in pregnancy or lactation has not been established. As with all drugs, Mistamine should be avoided in pregnancy, particularly during the first trimester and during lactation. **Overdose:** General symptomatic surveillance with cardiac monitoring including QT interval and cardiac rhythm for at least 24 hours is recommended, with standard measures to remove any unabsorbed drug. Haemodialysis appears not to increase clearance of the drug. **Pharmaceutical precautions:** Store in a dry place below 25°C. Do not take discoloured tablets. **MA Numbers:** PL 10906/0171, PA 500/1471. **Package quantities and cost:** Blister pack, 10 x 10 mg tablets – £8.95. **Legal Category:** POM / On physician's prescription only. **Full prescribing information is available from:** Galderma (UK) Ltd, Leywood House, Woodside Road, Amersham, Bucks, HP6 6AA. Telephone: +44 1494 432600. Fax: +44 1494 432607. **Date of preparation:** December 1998. ® registered trade mark.

Continued from PII

lactase intolerance. This may also happen in children if the intestinal mucosa is damaged, or in normally tolerant adults with diseases such as tropical sprue or as a result of coeliac disease.

However, this does not mean that small amounts of milk or milk products cannot be consumed, especially if they have already undergone some sort of fermentation process, as this may add enzymes and micro-organisms to help lactose digestion. "Milk consumption is therefore now being encouraged in many areas of the world because of its value as a source of protein, calcium and riboflavin," says the FAO report.

Fermentation of CHO in the lower intestine involves microflora. In humans, the process occurs without oxygen, so products include methane, hydrogen and carbon dioxide as well as short chain fatty acids (acetate, proprionate and butyrate).

Fermentation also promotes the growth of biomass, but this in itself does not contribute greatly to faecal mass. A more significant factor is the extent of non-fermentable polysaccharides which hold water.

As biomass grows, it will make protein from amino-acids and peptides as well as utilising ammonia as a nitrogen source. Specific CHO, known as pre-biotics, can selectively stimulate growth of certain bacteria. The example given by FAO is that of the fructo-oligosaccharides promoting growth of bifidobacteria, which are a major contributor to colonisation resistance in the colon. This then protects the host from invasion by pathogenic species.

Glycemic index

The glycemic index (GI) is a way of classifying foods on the blood glucose raising potential. It has been proposed as a meaningful way of referring to the carbohydrate content of food

GI is defined as the incremental area under the blood glucose response curve of a 50g CHO portion of a test food, expressed as a percentage of the response to the same amount of CHO from a standard food taken by the same subject.

The standard food (the control CHO) is either white bread or glucose. GI values obtained when white bread is used are approximately 1.4 times those if glucose is used.

To calculate the GI for a meal, it is necessary to know the amount of glycemic CHO – that is the amount of available CHO (qv) – in each of the foods and their GIs. Firstly, the total glycemic CHO is calculated for the various components, and then the proportion of total glycemic CHO calculated assigned to each food. This is then multiplied by the food's GI and totalled to give the meal GI.

Starchy foods with a low GI are digested and absorbed more slowly than foods with a high GI. Low GI foods lessen blood glucose and insulin responses. Animal experiments suggest that introducing slowly digested starch into the diet may reduce the onset of insulin resistance.

Other studies indicate such a diet may reduce the risk of onset of non-insulin dependent diabetes in humans. Low GI diets also reduce mean blood glucose concentrations, insulin secretion and serum triglycerides. As low GI foods tend to be less digestible than high GI foods, they should also contribute to the amount of CHO entering the colon.

Low GI foods eaten before prolonged exercise may improve endurance, whereas high GI foods lead to faster muscle glycogen replenishment after exercise.

FAO points out that when choosing CHO foods, both GI and food composition need to be considered – some low GI foods may also have a high fat content.

Low GI foods include legumes, pearled barley, lightly refined grains such as whole grain pumpernickel or breads made from course flour and pasta. Rice varies significantly depending on the type and how it is prepared, as do potatoes – boiled potatoes having a much higher GI than baked. Most fruits have lower GIs relative to white bread.

* 'Carbohydrates in human nutrition'. Report of a Joint FAO/WHO Expert Consultation. Rome April 14-18, 1997;
FAO Food and Nutrition Paper 66. World Health Organization and Food and Agriculture Organization of the United Nations.

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ACTION PLAN

1. Using Table 1 as a base, list in your practice workbook examples under each headings. Try to quantify the CHO component of each of your examples
2. Develop a sensible sample menu for a normal adult which takes the CHO content into account
3. Using other sources, compare the ratio of the three major types of food constituents (fats, CHO and proteins) in your suggested diet
4. In your practice workbook, note all aspects of health and disease included in the new guidelines. How will this influence advice to particular patient groups?

Industrial resolution

The pharmaceutical industry's prime resolution is to ease suffering and prolong life. However, its means to achieve this has changed beyond recognition, thanks to new technology. In the first of a two-part article, Derek Balon, community pharmacist and King's College lecturer, looks at the new face of the industry

In 1897 Felix Hoffmann esterified willow bark salicylic acid with acetic acid. This simple chemical transformation eventually transformed Bayer from a dye-maker into one of today's leading drug companies. Perhaps Felix Hoffmann was one of the first of the modern alchemists.

The alchemists sought the magic key to turn base metals into gold, to become rich. The modern alchemist in the drug industry creates new drugs worth more than gold. Gold is a mere £6 per gram: synthetic human growth hormone sells for the equivalent of £12,000 per gram. While this high value is not the norm, Crixivan, Merck's anti-AIDS drug costs about £3 a gram.

Market forces

The importance of drugs in the modern world has resulted in the drug industry becoming very influential in the commercial market. It has been estimated that the total drugs bill for the major pharmaceutical industry tops £200 billion a year, and the average profit margin of the ten largest firms in 1996 was 30 per cent.

In view of this vast financial spur it is surprising that drug development, the key to profit, was somewhat reminiscent of the old alchemist's approach. This was partially the result of scientists not really knowing how the drugs they produced worked, as well as the commercial pressures of competition not being sufficient in a seller's market.

Both these factors have changed. The major buyers (in the UK – the government, and in the US – the health-maintenance organisations) are now putting pressure on prices, particularly when a drug loses its protective patent. To recoup its lost turnover and thus profit, the industry needs to produce new drugs that either treat previously untreatable diseases or provide a substantial and convincing benefit over drugs already in the market.

Drug development

These pressures have come at an auspicious time. Science is just resolving some questions about the mode of action of drugs at the molecular level. This approach may provide the key to new and better drugs to treat disease. Furthermore, the production of new chemical moieties is being expanded by such techniques as combinatorial chemistry and 'laboratories-on-a-chip'. The testing of these new chemicals is becoming more refined: cassette dosing, *in vitro* bioavailability testing and the application of computers.

New drugs are rare. It is estimated that for every 10,000 molecules which start with a potential use (ie, enter the pipeline), only one is ever used. The traditional entry into this pipeline is to screen a library of molecules. This screen used to be carried out on live animals, but tissue cultures now have a significant role. The initial compound is rarely useful and it is modified by chemists to increase its potency and reduce any toxic effects.

The lead compound is now tested on animals and, if it proves promising, it begins clinical trials. Even at this stage looking from the pipeline is considerable: only one

compaund in ten passes this test. The process (Table 1, right) is costly (on average about £182 million) and very long (about 13 years).

In order to protect its investment, the drug company patents all drugs under development. The normal patent period is 20 years and it starts on registration – at the beginning of the process described above. This means that it has only a few years (five or six) to recoup its considerable outlay. It has been estimated that each day's delay in bringing a drug to the market costs about £600,000 in patent protected sales.

Clearly there is considerable financial pressure to reduce this 'development' time and also to increase the likelihood of the new enfity becoming a successful drug. The drug industry is continually looking for new working methods, some involve internal adjustment, others use exfernal development firms. All involve a revolutionary approach to fhe methods of designing and producing new chemicals.

Table 1: Time and money for drug development

Year 1	Pre-clinical Chemistry Synthesis Develapment Animal studies Safety studies Biaavailability Pharmacakinetics Taxicalagy	£120 million
Year 4	Clinical Phase 1 Volunteers Phase 2 Small number at patients Phase 3 Extended trials	£60 millian
Year 10	New Drug Applicatian	
Year 14	Appraval and marketing	(beginning)

Approaches to new drugs

The search for new and better drugs usually involves either the development of novel molecules or the modification of existing ones. There are two major approaches:

- the chemical route to produce a new drug
- the biochemical/ biatechnological route ta produce new or cheaper drugs and/or identify targets for new drugs. This will be covered in the next article.

The chemical route

The lock and key concept appears to offer a simplistic explanation of many af the actions of drugs. If a group of chemical molecules (drugs) 'works' in producing beneficial changes in disease states, it may be possible ta deduce the shape of a target site. It will then be possible to modify the existing malecules ta fit the site better, perhaps modifying physicochemical aspects af the new molecules, increasing penetration to the site and reducing side effects (increasing specificity).

In the past, a chemist in the drug industry wauld be able to produce between 50 and 100 new chemical compounds a year. Using the new technique of combinatorial chemistry, up to 50,000 new potential drugs can be made in the same time.

Continued on PVI →

State of the art facilities help produce the latest genetically-engineered drugs

Drug action

There are two ways in which the body function is impaired by disease: i) directly: eg by a headache, kidney failure, Addisan's disease, and ii) indirectly, where an invading organism, directly or indirectly, interferes with a narmal functian: bacterial, parasitic or viral invasian. Most current drugs, whether they act on human physialagical pracesses ar are anti-pathogens, are aimed at single molecular targets which are usually situated an a protein. Drugs designed to modify pathogens should not affect human pratein: those aimed at human pratein shauld anly modify their target pratein.

This concept of specificity is a development af Ehrlich's term 'magic bullet'. A modern metaphor is the lock and key: the protein receptar being the lack, the drug the key. These receptors are individually organised and occupatian by a drug at the site either apens the lack: causing the narmal physialogical process ta start, or blocks (closes) it, preventing the pracess. The degree of control of the pracess depends upon many factars including the concentration of the drug at the site, the duratian at that cancentration, its fit to the site and the tenacity with which it binds ta the site. Unfartunately, receptor targets usually have a wide distributian and the specificity of target/drug reaction is nat perfect which results in side effects.

Of the appraximately 3,000 human physiological modifying drugs an the market taday about 15 per cent have an unknown target. The remaining 85 per cent react with anly 417 different target malecules (receptors). There are 66 known target molecules for anti-pathogenic and anti-parasitic drugs.

Continued from PV

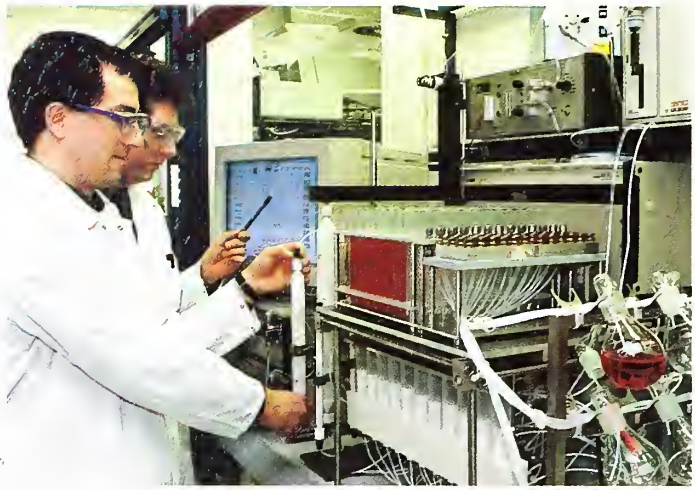
This technique involves micro-titre plates. In a simple example, these plates ore made of either glass or plostic with 96 wells (8x12). The wells ore filled with polystyrene beods, impregnated with one of eight different but reloted chemicol compounds. A set of eight by 12 pipettes is filled with 12 slightly different compounds which ore known to react with the compound held on the beads. The pipettes are emptied into their wells ond, in theory, 96 new compounds (dimers) are produced. This process may be repeated to produce trimers and so on.

Using the old technique, only the large industrial giants had offordable libraries of potentially pharmacalogically active substances. Now it is possible for small specialised firms to hold over 200,000 new chemicols in their list. But this is not the end of the story. These new chemicols hove to be screened for activity and eventuolly for potential use.

Screening now uses o similar technique: high-throughput screening. In this, the wells are filled with target molecules. These targets are often proteins, the result of genomic research. The compounds under test are added to the wells and o positive result is one in which the new compound adheres to the target. Many techniques are used to read the result. Examples of reading the result include the use of radioactively labelled hormone – displaced from the target if the new compound under test binds with the site more strongly; and fluorescent dyes – activated by uninhibited enzymes (if the test molecule inhibits the target enzyme, no fluorescence is recorded).

Using these and other similar techniques, it is possible to screen 1.1 million compounds against o single target protein in six months; perhops in three weeks, if oll the resources of the company are employed.

Having found o potentially interesting chemicol moiety, one which adheres to the torget protein but not to similar ones (reducing side actions), the next process is more combinatoriol chemistry episodes to produce o new lead



Bayer

Using the techniques of combinatorial chemistry, a chemist can create up to 50,000 potential new drugs a year

compound which enters the next phase of drug development.

The concept that new molecules con be designed by computer is under active investigotion. The visual representation of target molecules is now possible due to x-ray crystallography. Using computer programmes, it is possible to investigate potential molecules for 'fit'. The increasing knowledge of the chemistry of reactions suggests that it may be possible to predict which chemicals may react to produce the required molecule. Neither of these techniques are fine tuned yet, but the knowledge is useful in providing the bench chemist with an outline of the type of molecules to produce and appropriate building blocks to use in the combinatoriol approach.

An example of this procedure is Roche's Viracept, an HIV-protease inhibitor developed in six years, about half the average lead time. This was partially possible because the x-roy crystallography of HIV proteose is well documented. The other foctor in this particular case was the accelerated clinical trials and approval procedure for AIDS-related drugs in the US.

Drug testing

● Pre-clinical

Hoving produced o promising drug, the next stoge in the process is the pre-clinical trial. This looks at toxicity, bioovoilability and the pharmacokinetics of the potentiol drug. These porometers ore primarily measured in animals. Although this process is relatively cheap, it has not been developed as much as the R&D of the new drug entity. It is also very time consuming.

Continual pressure to speed up all processes involved in new drug marketing has led to 'cassette dosing'. This involves simultaneous administration of up to 20 new drugs (five to ten being the norm) into animals. In this way the same time is taken to test the pharmacokinetics of each of the 20 drugs under test. While this has some limitation it clearly saves time in general. Glaxo reduced the time taken to obtain sufficient data on some anti-branchitic drugs from one yeor to obout six weeks.

Bioovoilobility has olso been ossessed by the use of membranes *in vitro*. Glaxo determines transport rates of drugs across an intestinal cell membrane which has been made in tissue culture. The rate is closely correlated to the rate for real gut transport: this technique soves both time, money and animols.

Another firm is using similor techniques to establish the bioavailability of many drugs simultaneously. Using new methods may reduce the time required to develop potentially interesting drugs ot the same time as reducing the use of lobarotory onimals.

● Clinical

The use of double blind clinical tests with o test and control group is well established. Over the years the number and depth of these trials has increased from an overage of 40 required some years ago, to an average of about 60 in the US today. Furthermore the number of procedures required in each test has risen by about 50 per cent in the post ten years. Such trials are often multinational and this may present language problems. To solve this, multilingual computers now tell doctors which patients to dose with what, in order to increase the statisticol occuracy of each test.

Computer programs are used in industry to improve the organisation of trials. Software helps select which trials are worth continuing by rapidly assessing biochemical data. It can also calculate the size of the sample and type of data required to provide statistically significant results. For exomple, Quintiles Transnational (o contract research organisation employing 10,000 people) estimotes thot it soved the Eisai/Pfizer partnership about o year in development time to license Aricept (donepezil): it required only five and o holf years after clinical trials begon to obtain o full licence. This could well represent £350 million extra patent protected sales.

The next progression is to virtual clinical trials. Using the pre-clinicol data, some companies hope to develop computer progroms which mimic real people's responses to new drugs so that the number of patients and the dosing regime used in clinicol trials are reduced. This has the added benefit of reducing the number of patients in clinical trials who receive questionoble new drugs.

Many drugs ore metabolised in the liver by the cytochrome P450 system. It is known that variations in the way this system operates in different patients accounts for much of the individual variation in the patient's response to o specific drug. AxyS, another contract research company, is working on computer programs that look at the way specific groups of people's cytochrome P450 system vory so that it can predict which drug is inappropriate for patients with o specific enzyme in the liver. Thus, if o drug is cytochrome sensitive, it is possible to reduce the size of o clinicol triol by up to 85 per cent, reducing the cost of that trial by obout o sixth.

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the March 13 issue, which will cover this week's CPP-accredited modules, together with those in the February 20 issue.

The MCQ paper for the January modules will be enclosed in next week's *C&D* covering:

- Phobias (1113)
- Antibiotic resistonce (1114)
- Hypertension (1115).

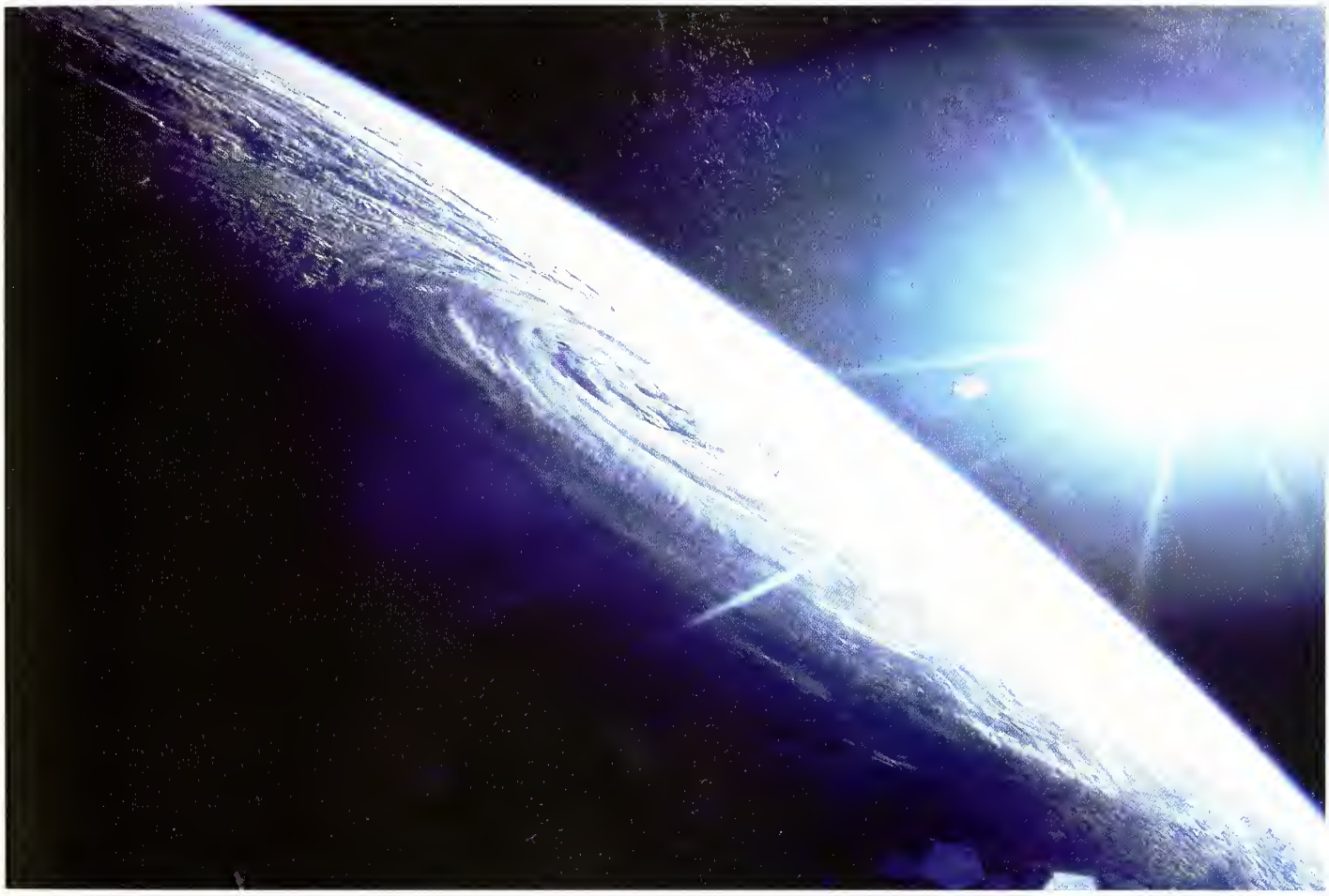
A foxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

***C&D* in association with**

GENUS PHARMACEUTICALS

SAD affairs

Light plays a central role in seasonal affective disorder, or SAD as it is better known. Fawz Farhan looks at this debilitating disease and shows how phototherapy is being used to great effect



If you are bemoaning the short days, dark clouds and cold weather so characteristic of this time of year, spare a thought for those with seasonal affective disorder.

Aptly abbreviated to SAD, the condition is essentially winter depression and was first identified in its present form in 1984. SAD can be severely debilitating, affecting mood, eating and sleeping. It afflicts 0.5-5 per cent of the population in its various forms; when it is extended to include 'winter blues' (where there is a noted degree of impairment) this figure reaches 30 per cent. Women are more prone to SAD than men, but children can also be affected.

Causes

Some biologists have suggested that SAD is a form of hibernation, a remnant state inherited from our ancestors to help us conserve energy in the winter. However, unlike bears and other hibernating mammals, people with SAD do not have a marked drop in temperature and nor do they reduce their food intake in the winter months. On the contrary they tend to eat more and gain more weight.

Another theory states that SAD is an example of the body failing to adjust to environmental changes, a by-product of natural selection. Proof of this, say the theorists, is the fact that SAD is virtually unheard of in Iceland, a sure sign that the people there have accommodated to the scarcity of light in the winter.

Pathophysiology

SAD is thought to be caused by too little light entering the eye and reaching the hypothalamus – the part of the brain which regulates circadian rhythm and functions concerned with mood, eating, sleeping and libido. The neurotransmitter central to all this is thought to be serotonin.

Serotonin levels in the hypothalamus drop in the winter, slowing the body clock down and bringing on the symptoms of SAD in susceptible individuals. In the summer and autumn months serotonin levels in the hypothalamus peak and the symptoms of SAD disappear.

Melatonin may also have a role to play as it is synthesised from serotonin in the pineal gland in the brain. Melatonin is secreted at night and withheld in daylight – controlling the body clock on a daily and seasonal cycle.

One theory suggests that it is the early morning secretion of melatonin that contributes to the symptoms of depression. One case showed that propranolol, a melatonin secretion blocker, given in the morning helped lift SAD symptoms by shifting the circadian rhythm. Further research is needed to establish whether melatonin has a genuine place in the management of SAD.

Symptoms and diagnosis

SAD is not on the fringe of medicine and is recognised as a disorder by the World Health Organisation. It is classified by the following criteria:

- onset/remission seen within a

Continued on PVIII →

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1117), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* MARCH 13, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To be familiar with how SAD is precipitated
- To be aware of the symptoms of SAD
- To distinguish between SAD and winter blues
- To be aware of other conditions which may be mistaken for SAD
- To be familiar with the role of drugs, food supplements and light therapy in the treatment of SAD

Continued from PVII

fixed 60 day period between October/November and March/May
- three episodes seen, at least two of which are consecutive
- seasonal episodes must outnumber non-seasonal episodes by more than three to one to allow for other causes of depression.

The main symptoms are based on depressed mood. Sadness, fatigue, anxiety and irritability are all seen and can affect relationships at home and at work. Hypersomnia and increased cravings for carbohydrates are also characteristic of SAD.

A study carried out by psychiatrist Professor Chris Thompson, at his SAD clinic at the Royal South Hants Hospital, found that in a sample of 200 patients, 69 per cent had increased appetite and 73 per cent experienced cravings for high energy food stuffs. People also tended to avoid salads and the more healthy foods in the winter. Weight gain was a feature. The sample group also needed more sleep in the winter, sleeping on average 2.5-3 hours more than in summer.

However, before a diagnosis of SAD is made the following must be eliminated:
- hypothyroidism – an underactive thyroid can produce symptoms of lethargy, sluggishness and inability to tolerate cold weather
- hypoglycaemia – low blood sugar levels can produce cravings for sweet foods and can be accompanied by light-headedness and tiredness
- viral infections – eg flu can persist as tiredness and lethargy long after the symptoms of coughs and nasal congestion are gone
- chronic fatigue syndrome – again may be viral but symptoms are present all year round.

Table 1: When to refer

1 Functioning impaired significantly
- **getting to work late; productivity suffering**
- **reduced ability to think and concentrate; making frequent errors**
- **taking longer to finish a job**

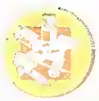
2 Significant feelings of depression
- **regularly feeling sad and bursting into tears**
- **feelings of worthlessness**
- **thinking negative thoughts even though they are unrealistic**
- **feeling guilty and pessimistic**

3 Physical function markedly disturbed
- **hypersomnia – need more sleep; difficulty waking up in the morning**
- **wanting to lie down most of the day**
- **cravings for carbohydrates; weight gain**
- **loss of libido**

Table 2: Winter blues vs SAD

	SAD	Winter blues
Symptoms last at least four weeks	Yes	Yes
Regular winter symptoms (at least two consecutive years)	Yes	Yes
Interference with functioning (work or interpersonal)	Yes, significantly – decreased productivity, loss of interest or pleasure, withdrawal from friends and family, obvious changes in energy, sleeping or weight	Yes, mildly – less creative, less productive, less enthusiastic about life and about socialising , slight decrease in energy or slight weight gain
Have you felt really down or depressed in winter for at least two weeks	Yes	No

Based on clinical guide from Winter Blues by Norman E Rosenthal



Treatment

The existence of several hospital-based SAD clinics is proof that the disorder is taken seriously. But in general practice, SAD is still overlooked because of its non-specific symptoms. A new study using a surgery-based patient questionnaire is about to be undertaken by Dr Thompson and his team at the Royal South Hants Hospital.

What is encouraging about the management of SAD is that drug treatment can be avoided – light therapy is the first line of treatment. If normal doses fail, then the duration and intensity should be increased to the maximum possible. Failing that, antidepressants, preferably selective serotonin re-uptake inhibitors, should be initiated.

Lithium and propranolol have been used experimentally and have shown some benefit, but further work is needed in this area.

St John's Wort has been used to treat mild forms of depression in Europe and attention is now being turned to its use in SAD. Dr David Wheatley, consultant psychiatrist at London's Charter Chelsea Clinic, showed last year that giving SAD sufferers a standardised extract of St John's Wort (LI160) produced an average 39 per cent decrease in associated symptoms.

Vitamins D and B12 have also been tried in the past and have shown some anecdotal benefits. One theory is that low vitamin D levels due to lack of sunlight are to blame in SAD. One study found lower vitamin D levels in some SAD patients compared to controls. Administering high doses of vitamin D (100,000 international units) improved mood in these patients.

However, the benefits and safety of such large quantities is debatable. Vitamin B12 is thought to enhance light's ability to stimulate the pineal gland to reduce melatonin production and shift the daily rhythm. This theory again has not been proved conclusively.

Light therapy

Light therapy is without doubt effective. In Finland, people suffering a touch of the blues can pop into 'light cafes' on their way to work to get their daily dose of sunshine. It would be interesting to know how much influence this has had on reducing the country's suicide rate – Europe's highest.

When light is scarce, serotonin levels in the hypothalamus decrease and the body clock slows down. Light therapy increases serotonin levels and shifts the body clock to its normal position.

Preliminary results from a meta-analysis undertaken by Professor Thompson and his team found that people with SAD who are subjected to more light are three times more likely to get better than those encountering less light. Light therapy was also found to be most effective given in the morning.

In clinical practice, light therapy is recommended for a couple of hours in the morning, but this may be extended to longer periods if needed. The light box should be placed near the subject, for example on a desk or table, and must not be further than 75cm away. The light intensity is usually around 2,500 LX; normal sunlight is around 100,000 LX.

Because light exerts its effect in the eye, people with cataracts may need more. Sunglasses should not be worn as this defeats the purpose of the therapy.

Side effects of light therapy can include headaches and eye irritation. This can be minimised by adjusting the light intensity. UV filters are recommended on light boxes. Light boxes should not be used in the evenings as this may interfere with sleep.

C&D *is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.*

Winter blues

Winter blues or sub-SAD affects a wider population and has less severe symptoms than SAD. However, it is still not simply a case of people feeling down in the dumps about the weather.

Anyone having one or more of the SAD criteria (see symptoms and diagnosis) may be considered to be suffering from winter blues and would benefit from light therapy. A market research study carried out in November 1997 found that in a sample of 1,000 UK adults aged 20-60, 83 per cent said they did not feel like socialising in the wintery months, 69 per cent craved carbohydrates, 62 per cent reduced physical activity and 49 per cent said they gained weight.

RESOURCES

Seasonal Affective Disorder Association. PO Box 989, Steyning BN44 3HG. Tel: 01903 814942

The St John's Wort Information Service. PO Box 321, Reading RG6 2HT. Helpline 0118 926 5753

Bright Light Information Service. Tel: 0171 636 3942

ACTION PLAN

1. Have any of your customers reported seasonal mood changes? Do they experience any other symptoms relating to appetite or sleep?
2. Do your sales of St John's Wort increase in the winter? Can you identify who is using it for SAD and winter blues?
3. Do you sell any form of light box? How would you counsel on appropriate use?

The OTC market has recently shown stagnant signs in terms of growth and movement. However, the launch of a new category, where 80 per cent of sufferers do not seek treatment, holds some of the answers to future OTC market growth.

The new OTC sector is **Daily Fatigue**, an area identified by worldwide leading pharmaceutical manufacturer, Boehringer Ingelheim Self Medication, as a category that could potentially be as big as analgesics or cough/cold.

Pharmaton £3.8m TV launch to grow a new OTC category

Daily Fatigue - the facts

- Two thirds of the adult population suffers from Daily Fatigue, yet most are unaware of the ailment [1]
- 80 per cent of sufferers do not treat Daily Fatigue
- 50 per cent of adults recently questioned had suffered from some feeling of fatigue in the last two weeks alone
- 66 per cent linked their fatigue to other wellbeing problems such as feeling low or stressed.

What is Daily Fatigue?

Daily Fatigue is often caused as a result of today's hectic lifestyles. Many adults are trying to juggle a career, family, friends and finances. Sufferers often turn to potentially unhealthy alternatives such as excessive caffeine or alcohol in an attempt to bolster flagging energy levels. These are not solutions and may contribute to the prolonging of Daily Fatigue.

The symptoms

Sufferers often describe the symptoms of Daily Fatigue as:

"I feel sluggish"
"I'm run down and easily frustrated"
"I feel drained and can't concentrate"
"I've got no physical or mental energy"
"I feel tired, even after a good sleep"
"I suffer mood swings and irritability"

Daily Fatigue - the answer

We've seen from the statistics that Daily Fatigue is a growing problem affecting a high proportion of adults. So what are the treatment options?

Manufactured by Boehringer Ingelheim Self Medication, Pharmaton Capsules are specially formulated, containing the unique plant-based active ingredient - ***G115**, the only clinically proven medicine to fight Daily Fatigue.*

Boehringer Ingelheim Self Medication is the only manufacturer with the trademark to G115.

Pharmaton Capsules even out energy levels throughout the day, without affecting sleep patterns. They are not a short-term energy boost.

G115 - clinical proof

The G115 Ginseng in Pharmaton Capsules undergoes a 20-stage purification and standardisation process to guarantee its quality and efficacy.

More than 30 clinical trials prove that the ingredients in Pharmaton Capsules play a vital role in the treatment and prevention of Daily Fatigue, providing sufferers with improvements both in physical and mental capacity.

Pharmaton Capsules also contain 11 vitamins, minerals and trace elements. They are only available from pharmacies, giving pharmacists the opportunity to counsel over the counter.

Pharmaton - the solution

Research clearly illustrates the need for consumers to seek treatment for Daily Fatigue. Pharmaton Capsules offers the solution.

Featured below is a case study from the Midlands which demonstrates the business potential that Pharmaton Capsules could offer your pharmacy:

- *In May 1998 Boehringer Ingelheim conducted a test launch of Pharmaton Capsules in the Midlands area*
- TV advertising drove the launch.

The results gained after four weeks:

- Increased sales in the Midlands by over *600 per cent* [2]
- *Number one ROS* in the Midlands [3]
- Built brand awareness from nil to one in four hearing of Pharmaton [4]
- *67 per cent* of those who saw the Pharmaton commercial would now consider buying Pharmaton

Pharmaton Capsules 30's, retail at £8.99 and 100's at £21.99. Consumer research reveals that price was to expectation [4].

For further information, stock and POS material call:
The Pharmaton help-line on 01344 741 493

Where should Pharmaton Capsules be positioned?

- Clinically proven Pharmaton Capsules for Daily Fatigue should be positioned as a category, between cough/cold and analgesics, facing direct eye level.

Why?

1. By positioning Pharmaton Capsules between cough/cold and analgesics, there is an opportunity to link sell
2. The positioning of Pharmaton Capsules next to analgesics and cough/cold has been worked out using the rate of sale of Pharmaton in the Midlands test area. For example, eight bottles of Pharmaton sold is equal to 84 packs of the leading pain relief product. *Daily Fatigue as a category need only take a small percentage of space compared to analgesics and cough/cold categories, yet generates more profit to the pharmacy per pack*
3. High profit on return. Selling Pharmaton Capsules offers the financial benefit of up to £8 POR per bottle sold
4. Daily Fatigue is the third largest OTC ailment sector after cough/cold and headaches, beating muscle aches, minor cuts and bruises, upset stomachs, indigestion, back problems and period pain.

News Flash!

To support the launch of this new category, Boehringer Ingelheim Self Medication is running a £3.8 million national TV advertising campaign to educate consumers on Daily Fatigue and introduce Pharmaton, the *only Pharmacy product* clinically proven to relieve Daily Fatigue. TV advertising will run from February to December 1999, with 86 per cent of viewers seeing the commercial on average nine times. The campaign is forecast to bring potential retail sales of £8 million.

References
1 BRMB study - 1997
2. Information Resources
3. Conquest Research
4 Burns 1998

Marketwatch special

C&D asks market analyst Information Resources to review the biggest OTC and health and beauty categories in pharmacy last year

Pharmacy top of the pops '98

Overall, 1998 saw steady product growth in chemists, with sales up around 5 per cent on 1997 (around £30 million in actual sales).

Adult oral analgesics - the largest category - provided a good proportion of the growth (up 8 per cent). Cold/flu decongestants grew by 4 per cent.

Despite the competition from grocers, value sales of haircare and oralcare products continued to grow steadily last year in pharmacies.

VMS sales were down across all stores and this was not a reflection on the chemist sector.

New brand launches were few in 1998 and the new products that did appear were often brand extensions as opposed to truly new brands.

Oral analgesics

Successful new product development seems extraordinarily difficult in the OTC sector. But new sub-brands that contributed well to last year's chemist sales of oral analgesics were Nurofen Advance and Anadin Ibuprofen.

Coughs, colds and flu

In chemists, the cough liquid category grew by almost 4 per cent in value - a trend which is also mirrored across the rest of the marketplace.

There were no major new products in this category. Warner Lambert's Benylin remains the largest branded range despite 'non-drowsy' and 'original' variants showing some decline. Seton Healthcare's Meltus was up 30 per cent year on year, as was P&G's Vicks Vaporub. Covonia (Thornton & Ross) grew by almost £1 million during 1998.

Much of last year's 4 per cent growth in the cold/flu decongestants category was due to Reckitt & Colman's Lemsip range.

Lemsip Cold & Flu Max Strength was a particularly strong performer, assisted by the launch of 16s and 8s capsule formats in addition to the powder lines. Lemsip (total) had its highest ever share of 43.4 per cent for the four weeks ending December 27, 1998, with nearest rival Beechams (total) at 38.7 per cent.

Indigestion remedies

The indigestion remedy market is extremely buoyant (up 9.5 per cent year on year) with over 65 per cent of sales going through chemists. Gaviscon Original and Advance improved their respective positions, partially due to the 'Flame' advertising campaign.

There were no truly new product launches last year, but brand extensions (eg Rennie Deflatine and Gaviscon Advance) helped to grow the market with minimal cannibalisation of existing brands.

Hay fever remedies

The hay fever market grew by 26 per cent in value last year. The launch of Benadryl had a major impact on this category, although Clarityn, Zirtek and Rhinolast benefited from a good season (all with over 48 per cent growth), helped by Triludan's return to Prescription Only status.

*** Star performer**

Nurofen Advance (an ibuprofen lysine formulation) is a fast-acting Pharmacy-only analgesic which was added to the Nurofen range last year

Oralcare

The value of the total oralcare category grew by 7 per cent in chemists last year. Toothpaste sales remained relatively stable in the sector. More innovation emerged in the toothbrush market where Macleans the Toothbrush proved one of the success stories of the year. SmithKline Beecham's Aquafresh Flex and Flexosauras also proved popular.

Oral-B leads the way in chemist toothbrush sales. And Warner Lambert's Listerine dominates the mouthwash market.

Haircare

Haircare is a strong category for chemists with growth in all product sectors last year. Colorants are

*** Star performer**

Rennie Deflatine was launched in May 1997, aimed at women with the discomfort and embarrassment of bloatedness, fullness after food and the pain of trapped wind. It contains the anti-foaming agent simethicone

*** Star performer**

Lemsip Cold & Flu Max Strength Capsules joined the Lemsip Cold & Flu Max Strength sachets in October 1998. The launch was supported by a £4 million marketing campaign which included the 'hard working medicine' TV, radio and poster advertising

Top brands – total chemists (incl Boots and Superdrug)

	52 w/e Nov 30, 1997 Value sales (£)	52 w/e Nov 29, 1998 Value sales (£)	% change
HAY FEVER REMEDIES			
1. Beconase Allergy	4,968k	5,572k	12.2
2. Piritan	4,467k	5,419k	21.3
3. Clarityn	3,428k	5,199k	51.7
4. Zirtek	2,775k	4,057k	46.2
5. Benadryl	–	3,679k	100.0
INDIGESTION REMEDIES			
1. Gaviscan	16,054k	18,057k	12.5
2. Rennie	7,811k	8,407k	7.6
3. Zantac 75	3,169k	3,852k	21.6
4. Bisadal	3,084k	3,176k	3.0
5. Rennie Deflatine	297k	2,276k	666.4
COUGH LIQUIDS, COLD AND FLU DECONGESTANTS			
1. Benylin (caugh liquid)	21,221k	21,674k	2.1
2. Lemsip (aral decangestant – tatal)	9,879k	11,841k	19.9
3. Beechams (aral decangestant – tatal)	9,815k	9,509k	-3.1
4. Covonia (caugh liquid)	5,252k	5,916k	12.6
5. Night Nurse (oral decangestant)	6,276k	5,614k	-10.5
ADULT/PAEDIATRIC ANALGESICS			
1. Nurafen	23,944k	27,467k	14.7
2. Calpol	21,762k	23,741k	9.1
3. Salpadeine	21,945k	23,517k	7.2
4. Anadin	11,046k	11,667k	5.6
5. Panadal	6,751k	6,817k	1.0

✻ Star performer

Benadryl Allergy Relief is a non-sedating antihistamine tablet which was launched in February 1998, backed by a £2.5 million marketing campaign. With acrivastine as its active ingredient, the product is formulated to be active within 15 minutes

✻ Star performer

Macleans the Toothbrush was launched in September 1997 as a logical extension to SmithKline Beecham's Macleans brand. The Cleaning Tip variant was introduced in September 1998. It features elongated bristles at the tip (in contrasting colour) to clean along the gum line and behind the back teeth

particularly buoyant (up 10 per cent compared to last year) fuelled by new product development.

The launch of Country Colors (Schwarzkopf & Henkel Cosmetics) made an impact on this market. Clairol and L'Oréal saw significant sales increases due to the launch of new shades and sub brands.

Widespread promotions stimulated sales of shampoos and conditioners. The star performers were Elvive Mousse, up 16.5 per cent and Organics conditioner, up 12 per cent.

✻ Star performer

Organics shampoos, conditioners and styling mousses contain protective agents which work with heat to leave hair more manageable. Appearing in TV commercials with Babyliss professional heated appliances, Organics is the first haircare brand to be linked with a hair appliance manufacturer in this way

Babycare

A slight decline of 4 per cent in the babycare category disguises growth in baby wipes and baby drinks in chemists. Sales of disposable nappies were level with Pampers Baby Dry Extra/Plus combined, remaining the biggest selling baby product of all. Huggies and Pampers Premiums/Extra also increased sales.

Pampers baby wipes was a star performer in this category with a 42.8 per cent increase in sales compared to 1997 (growth was mainly due to the launch of a 160 pack and a 320 pack).

Cow & Gate Step Up and Milupa baby milk, though much smaller, were also star performers with sales up 157 per cent and 68 per cent respectively.

VMS

The VMS market declined in chemists in line with the total market (down 2.1 per cent). Pharmaton was a star performer, doubling its sales over the year. Redoxon Double Action also performed well. Other growth brands were Solgar, Centrum and Sanatogen Gold. Seven Seas Cod Liver Oil, declined by 4.2 per cent, but it is still the biggest product in this category.

Top brands – total chemists (excl Boots)

	52 w/e Nov 30, 1997 Value sales (£)	52 w/e Nov 29, 1998 Value sales (£)	% change
ORALCARE			
1. Calgate Dental Creom (toothposte)	3,537k	3,688k	4.3
2. Orol-B (toothbrush)	2,981k	3,283k	10.2
3. Sensodyne (toathpaste)	3,079k	3,228k	4.8
4. Pali-Grip denture fixative cream	1,902k	2,218k	16.6
5. Macleans (toathpaste)	1,809k	1,937k	7.1
BABYCARE			
1. Pampers Baby Dry Extra/Plus	17,694k	17,139k	-3.1
2. Kleenex Huggies	8,299k	8,572k	3.3
3. Pampers Premiums/Extra	4,022k	4,291k	6.7
4. Heinz wet babyfood	4,859k	4,774k	-1.7
5. Pampers babywipes	2,861k	4,086k	42.8
HAIRCARE			
1. Pontene (tatal)	6,436k	6,196k	-3.7
2. Cloirol Nice N' Easy (calarant)	5,026k	5,385k	7.1
3. L'Oréol Recitol (colorant)	3,717k	4,020k	8.1
4. Elvive (totol)	2,885k	3,049k	5.7
5. Garnier Belle Color (coloront)	2,652k	2,906k	9.6
VMS			
1. Seven Seas	16,462k	16,191k	-1.6
2. Sanatagen	4,677k	4,727k	1.1
3. Redaxon	4,857k	4,359k	-10.2
4. Salgar	1,630	2,565k	57.4
5. Healthcrofts	2.200k	1,842k	-16.3

✻ Star performer

Milupa infant milks were relaunched in 1998, supported by a £3.5 million marketing investment. New in the range last year was Milupa Aptamil Extra with Milupan – a casein-based formula which contains Milupan (a fat blend containing long chain polyunsaturated fatty acids)

✻ Star performer

Pharmaton doubled its sales in 1998. This ginseng-based multivitamin and multimineral formulation has recently been relaunched to highlight its benefits as a remedy for daily fatigue. The brand carries a Pharmacy licence

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Pharmacist David Hibbard was unimpressed after a one-sided article condemning resale price maintenance appeared in the *Daily Express*, and wrote to the paper telling it why it was wrong...

The other side of the argument

Being a regular reader of the *Daily Express* for the past 45 years, I get more and more confused about what is happening to our heritage. I read that villages and small communities are being left 'lifeless' because the shops are closing down, but then I read of the paper's support for Asda's attempt to abolish resale price maintenance on patent medicines.

Let's face it, supermarkets are already responsible for removing small grocers, butchers and greengrocers from villages and suburban shopping centres, causing inconvenience and hardship to those who do not own a car, and increasing road congestion. Now they want to steal medicines from the specialists.

The article in the *Express* promoted Asda's argument, but didn't offer comment from those who know about the subject, for example, in making price comparisons between branded medicines and generics.

Branded medicines are advertised, promoted by sales reps and come in fancier boxes. These all cost money. Commercial TV is not 'free': it is paid for by adverts, which means that the consumer must eventually pay by meeting higher prices. However, by buying generics, you buy the same quality at anything up to 80 per cent lower prices.

Abolishing fixed retail prices on medicines will not affect generic prices, nor will it cause Asda to reduce its prices on such medicines, because it is already free to sell them at whatever prices it chooses, and it chooses to sell them at higher prices than me. So much for Asda's 'value for customer' slogan. Still, the company does have much greater overheads than me. I do not have to pay area managers, directors and shareholders.

THE EXPRESS, WEDNESDAY JANUARY 20, 1999

Price cut will help medicine go down

Shoppers expected to save £300m a year after court challenge on costs

EXCLUSIVE BY ANTHONY BEVINS
POLITICAL EDITOR

PRICES of many brand name painkillers, vitamins and cough and cold cures are likely to be slashed by more than half later this year.

A court hearing next month will review a price-fixing deal based on the old-fashioned system of resale price maintenance.

The Restrictive Practices Court has to decide whether the deal is still in the public interest, almost 30 years after it was set up. If, as expected, the court eventually smashes the last trace of RPM in Britain, it could save consumers an estimated £300million a year.

Supermarket chain Asda has been campaigning for three years to bring down the prices of the basic healthcare products. It has received injunctions from many of the pharmaceutical manufacturers to force it back into line.

But Asda believes the days of high-price over-the-counter products are numbered because of the court review, and the fall-safe Article 85 of the European Union Treaty of Rome, which prohibits anti-competitive agreements.

Allan Leighton, chief executive of Asda told The Express yesterday: "Resale price maintenance is a tax that hits every family in Britain. People have been forced to pay almost £1billion extra over the last three years for easily understood healthcare products because of this price-fixing.

"The elderly and families with young children end up paying over the odds for products that can and should be sold more cheaply."

The price of small-pack products, which are the most popular with low income families and the elderly, are reported to have risen by 60 per cent more than inflation since 1977. Asda has calculated that if allowed off the

HOW THE PRICES WOULD COMPARE

ASDA BRAND	ASDA PRICE	LEADING BRAND EQUIVALENT	RPM PRICE	PRICE DIFFERENCE
Ibuprofen (12 tablets)	£0.69	Nurofen (12)		
Paracetamol Extra Strength (16)	£0.66	Anadin Extra Stre		
Paracetamol (16)	£0.16	Anadin (16)		
Flu Strength Powders (10)	£1.69	Beechams Flu P		
Cough Syrup 200ml	£1.49	Veno's 100ml		
Cold Relief Capsules (16)	£1.09	Beechams Powe		
Cold Relief Powder (10)	£1.05	Lemsip (10)		

halve the price of a Nurofen, a 16-pill pa Anadin Extra Streng Lemsip and a pack of 3 Seas B Complex k knock two thirds off t of Beechams Flu Plu 100ml bottle of Veno's

Asda reckons it c paracetamol for a pe in a pack of 16. Anadi £1.62 - almost 10 price.

Price-fixing h agreed to prop chemist shops. Director Genera Trading now bel should be re-exam the agreement

The article in the *Express* provoked a response from pharmacists like David Hibbard; CPAG chairman David Sharpe (right) took a rather different approach back in 1996...

Supermarket greed

I maintain that supermarkets have pushed prices up over the years. Imagine that you are a manufacturer making a product. You add your profit margin, and sell to a retailer who adds his margin and sells to the customer. Then the big boys come along and demand a discount for large orders. The manufacturer still has the same costs and overheads, so he can only give a discount by putting up the prices first!

Another comment made by Asda is that dispensing NHS prescriptions accounts for 75 per cent of independent chemists' turnover. Correct, but since 1987 the profit on dispensing has fallen catastrophically, because of the way that we are now paid.

Pharmacists used to be paid the cost of the medicine, plus a profit margin, and a 'professional fee' depending on the complexity of the dispensing process. A few years ago, the profit margin was cancelled, the Department of Health reclaimed any discounts which had been negotiated with manufacturers, and now pay a standard dispensing fee of £0.941 per item on a prescription.

As my average prescription value is well over £12 per item, you can calculate that my gross profit is below 8 per cent, while in 1987 it was about 35 per cent. This has to pay ever increasing wages, rent, rates, heating and bank interest.

An extra financial problem is caused by the growing trend for doctors to write prescriptions for three and six months' supplies, which pay the pharmacist only one fee. The NHS depends upon every pharmacy covering the overheads of the business by selling medicines and other counter lines. We could not afford to stay in business on NHS remuneration alone.

Throughout much of Europe all medicines are available from pharmacies only. You cannot buy the simplest remedies in grocers or garages. The Government should offe the same protection to British peopl

Background brief

The leave hearing to determine whether there is the need for a full court hearing to determine the future of resale price maintenance on medicines is due to take place on February 10 at the High Court.

Anyone who thought Asda had lost interest in the affair would have been rudely disabused by an article in the *Daily Express* on January 20.

The paper, which had swallowed the supermarket's PR pitch hook, line and sinker, suggested that the price of many brand name medicines are likely to be slashed by more than half later this year. The Community Pharmacy Action Group wrote to the author of the article, political editor Anthony Bevins, challenging him to put the record straight over "what was a clearly imbalanced piece of journalism".

But more telling was this letter to the *Express* from a pharmacist who will be directly affected. David Hibbard, a pharmacist since 1958, is the proprietor of Hibbards Pharmacy in Sutton Coldfield. The *Express* was considering whether to publish his response as *C&D* went to press.

Pharmacists may need to use similar arguments to lobby against the threat to abolish RPM in the months ahead, since it is highly likely that the leave hearing will decide that the matter should get a full court hearing.

David Hibbard in his Sutton Coldfield pharmacy

There are potential hazards with many of the medicines.

In my pharmacy when a customer requests Nurofen or ibuprofen we would ask: "Do you suffer from asthma or stomach ulcers?"; with Beechams Powders or Anadin Extra: "Are you taking Warfarin?", and with Lemsip: "Are you on beta-blockers?". How many Asda checkout operators will do this, and what would they do if the answers were 'yes'?

Today, I have advised a customer on crippling period pains, and the side effects of her medicines. I have helped to relieve a bad toothache until a dentist is available, dealt with threadworm in a child, and head lice for a whole family. I am working out a programme to prevent malaria for a back-packer, and I have counter-signed a passport application. Next I have six containers to fill with daily supplies of medicines for some elderly customers who are a little confused with life.

Pharmacy service

These services are free in virtually every pharmacy in the country. Pharmacists are among the few professionals who offer their skills for nothing. We must be mad! Perhaps if we charged consultancy fees we would be better appreciated.

It's no good saying that advice is printed on the leaflets accompanying medicines. People don't read them, or they don't want to believe that it applies to them. Does any smoker heed the pack warnings? Does the public realise what they could lose by boosting Asda's profits every time they purchase medicines from one of its stores?

Killing off the village

Allowing Asda's self-centred campaign to abolish price control of medicines to succeed will be a major step towards killing off yet another familiar retail outlet from the suburban and village scene. It will add to the rows of boarded-up premises surrounded by charity shops, hairdressers and bookies, and deprive the population of a priceless service.

Over the years supermarkets have moved in to compete on the majority of a pharmacy's traditional business, such as toiletries, babycare, sanitary protection, first aid dressings, and anything else to do with health and hygiene. Medicines are just about all that is left, and they are different. There is more than just a price tag attached. For goodness sake, let supermarkets stick to food, and stop being so avaricious. It's profits they are after, not service to the public.

The arguments for keeping RPM

- Without RPM there will be reduced access to a wide range of medicines, as well as the healthcare advice essential for responsible self-medication
- RPM enables people to buy medicines at the same price wherever they shop, and prevents medicines being promoted on price. This could lead to inappropriate choice of medicine being made, and to hoarding
- Supermarkets are likely to stock only fast selling GSL lines, not the wide range of effective medicines held by pharmacies
- The UK OTC market is already highly competitive and cheaper than nearly all other north European countries. There is already unrestricted price competition with generic medicines, which account for over 30 per cent of the market in important areas like analgesics
- Pharmacies are more dependent now on OTC sales since their profits from NHS dispensing have been drastically cut

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The Aspirin Age

It is 100 years this month since aspirin was first introduced as a medicine for human use. The discovery of acetyl salicylic acid had been made two years earlier, but the introduction of the first dosage form as a powder was in February 1899.

Few other medicines in widespread use throughout the world can compare with aspirin. Few have lived as long or seen a new lease of life in the way aspirin has with the discovery of its benefit in heart disease and stroke.

Although the Aspirin Age (as the Spanish philosopher, Ortego Y Gasset, was to christen it) began in 1899, its origins can be traced much further back in time – as far back as Hippocrates, the Greek generally considered to be the father of medicine.

Around 400 BC, he apparently recommended a brew made from willow leaves to ease the pain of childbirth. Willow leaves, chemists were to show many centuries later, contained salicin, a substance closely related to aspirin.

For a long time, however, little progress was made in improving man's control of pain and fever. Then, in the early years of the 17th century, came tales of a miraculous 'fever tree', which grew in certain parts of South America.

In 1633, an Augustinian monk called Calantha, who lived in Peru, described how the bark of this tree, made into powder and given as a beverage, cured people of high fevers.

Legend had it that in 1638 the bark was used to treat the Countess of Chinchon, wife of the viceroy to Peru. Within a short time the Jesuits began importing the bark into Europe. Soon it became known as Jesuit's bark or Peruvian bark. The name subsequently given to the 'fever tree' served to commemorate the legend, even if the spelling of cinchona differed slightly from Chinchon.

Cinchona bark was used as an analgesic and antipyretic for nearly two centuries before its active principle was isolated. This was quinine, today prescribed almost exclusively to treat malaria. It did not prove to be an effective analgesic and there were objections to its use as an antipyretic. One was its characteristically bitter taste, especially when dispensed as an infusion or a brew.

The taste of quinine played an important part in the next stage of the aspirin story. In 1758 an English clergyman, the Reverend Edward Stone, took a walk through some meadow land in Chipping Norton. For some reason he was prompted to taste the bark of a common white willow tree (*Salix alba*). He was immediately struck by its bitter taste, which reminded him of cinchona bark.

Could it be that the English countryside harboured a remedy to match Peruvian bark? The Reverend Stone was probably influenced by the 'Doctrine of Signatures'. This philosophy suggested that the best place to find a cure for a disease was in the same place as the cause of it.

The willow grows best in damp, even watery conditions: certain fevers, such as rheumatism, were believed to be aggravated by damp. So what was more likely than to find the cure for rheumatism in the habitat of the willow?

Whatever the logic, the Reverend Stone made an extract of willow bark. He tried it on about 50 people, found it effective in reducing fevers, and in 1763 reported his discovery to the Royal Society.

Willow bark was subsequently prescribed to treat fevers, but usually only as a substitute for cinchona bark, which gradually became more and more scarce and consequently more and more expensive. It took 60 years after Stone's letter before chemists determined that the active principle of the willow was a substance they called salicin. And it took another decade before a Neapolitan chemist, Raffaele Pirta, prepared salicylic acid from salicin and so arrived at a point only one step away from aspirin.

By this time, pharmacists in various countries were busy searching for alternative drugs to reduce fever. Many of them concentrated on possible herbal remedies, work which was to reveal another natural source of salicylic acid.

In the early years of the 19th century, a Swiss pharmacist, S F Pagenstecher, experimented with several species of wild herbs. Among the extracts he prepared was one from a tall plant, which produces tiny white flowers in a terminal cluster. Botanists know it as *Spiraea ulmaria* and ordinary folk as meadowsweet or queen-of-the-meadow.

In 1835, a Berlin chemist, Karl Jakob Lowig, read about Pagenstecher's work, did some experiments of his own and from the meadowsweet extract produced an acid substance which turned out to be salicylic acid. Three years later Raffaele Piria prepared salicylic acid from the salicin of the willow bark. So, by chance, two sources of salicylic acid became available at much the same time.

Although effective, this substance reduced fever and relieved pain only at the cost of some distressing side effects, notably severe irritation of the mouth, oesophagus and stomach. Attempts to improve tolerability by producing the neutral sodium salt, sodium salicylate, did not help a great deal.

The vital step was taken by a French chemist, Charles Frederic Gerhardt, in 1853, when he induced a reaction between sodium salicylate and acetyl chloride, which resulted in an entirely new compound. But the procedure was so tedious and complex that he decided that the new compound had no real practical importance.

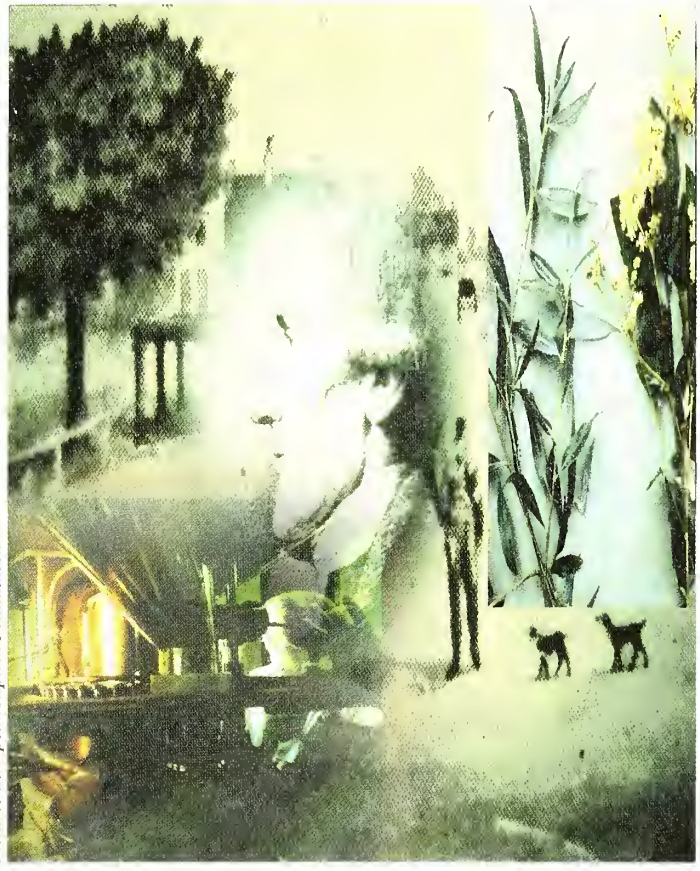
Gerhardt was to die only three years later at the early age of 40. Had he lived he might perhaps have decided to look again at this intriguing new compound, acetyl-salicylic acid. As things were, it languished for 40 years until Felix Hoffman, a young chemist who worked for the pioneering German pharmaceutical firm of Bayer, became interested in the substance as a possible alternative to sodium salicylate.

The story goes that his father suffered from a rheumatic condition, but did not tolerate sodium salicylate very well. He asked Felix to find another drug for him and was, it seems, the first person to take acetyl salicylic acid.

He responded so well that his son supplied it to two clinicians, Heinrich Dreser and J Wophlegemut, who confirmed that ASA was an effective analgesic, far better tolerated than the parent substance. Hoffman studied Gerhardt's experiment and in collaboration with Dreser developed new techniques for preparing the compound.

Hoffman and Dreser also proposed to the Bayer Company that the trade name should record the derivation of salicylic acid from the *Spiraea* plant family – hence the syllable, spir. Before this they placed the single letter a (to denote the process of acetylation which converted salicylic acid into acetyl-salicylic acid). No-one quite seemed to know the reason for the final syllable – in.

The year was 1897 and in 1899 the first medicinal version was introduced as a powder.



Pictures: European Aspirin Foundation

The origins of aspirin date back to 400BC

For services rendered

The Government has often praised the professionalism of pharmacists and the services they offer. If their work is so valuable, according to Dr Rob Pocock, pharmacists should start charging for it

Lots has been said and written about the future of pharmacy services within 'The New NHS' and it's hard to believe it's scarcely a year since we first got to grips with primary care groups. Few practising community pharmacists have given much thought to the commercial spin-offs, but all the evidence points to a big new marketing opportunity on the horizon.

This article follows up the previous one by Keith O'Sullivan, which dealt with marketing plans. Keith talked mainly about product lines and identifying sources of profit from the various 'supply' aspects of pharmacy, which includes of course the NHS contract for supply of prescribed medicines. Here I want to look at another line of business entirely - professional fees derived from sale of the pharmacists' know-how.

Can community pharmacists become consultants? Consultants sell knowledge and charge good fees for it. Ask any solicitor to justify fees starting at £1,000 a day and they will talk about the years of academic training and the qualifying experience, and years of accumulated case knowledge. In truth an experienced community pharmacist could make just as strong a case if there was a market ready to buy the expertise. So how can we turn the potential into a real market where pharmacists get well paid (perhaps £500 a day for starters!) to pass on their knowledge?

Supplying extended professional services to PCGs and future PC trusts might just be the start of the answer. But it's a non-runner if pharmacists confine their market offer to formulary development. What is needed is a thorough overhaul and 're-branding' of the pharmacists' professional time. The job is the same as in any other area of marketing development - spot a need, stimulate a desire, promote the solution, and price the service such that it reflects its value, not simply just to cover the costs of delivering it. How often do we see pharmacists getting paid for their highly valuable time, at a rate simply equivalent to the costs of locum cover? Which solicitors would work for fees set only at the rate equivalent to the costs of a duty solicitor? (with due respect to locums).

So what are the opportunities? Here are some key professional services that could be delivered by community pharmacists on a fee basis.

Major disease management

- Identify major disease groups and treatment specialisms eg diabetes, asthma, coronary heart disease, hypertension, depression, arthritis, cancer, having regard to priorities in the HImP.
- Identify service contracting options - this is a complex task and comes up repeatedly in this process, as will be discussed later.

Jamie Lamb

- Deliver medicines management by contributing to nurse-led clinics in GP surgery?
- Or possibly get a contract to run your own in the pharmacy?
- Fee-based repeat or instalment dispensing is also on the future agenda.
- Formulary development remains one in a long line of professional service opportunities but better to move onto an offer (probably requiring a pharmacist group) for managing the prescribing budget.
- Adherence/compliance advice is one possibility but we need more substantial evidence of the benefits that can be attributed to the role a pharmacist can play.
- Health promotion campaigns in your pharmacy, with local pharmacist partners in key specialist areas.

Community and social care

- Elderly support in the community e.g. advice on independent living, medication assessment for the pharmaceutical element in the client's personal social care plan.
- Review of medication in residential homes, including both medicines review and the training and phoneline support for nursing staff and other carers.
- Medicines advice and education to self-help support groups and voluntary organisations, plus schools, workplaces, gyms, clubs - wherever people meet with a concern about 'self-care'.

Health promotion clinics

- Pharmacists could contribute to nurse-led clinics?
- Or get a contract to run your own in the pharmacy?
- Diagnostic testing in your pharmacy.

Identify local public health issues

- Such as alcohol/substance misuse, smoking, teenage pregnancy, head lice, infant mortality, oral health.
- Identify potential services to be offered by pharmacist/through community pharmacy.
- Identify the shape of service provision (individual/team based?)
- Identify service contracting options.

Healthy Living Centres

By 2002 20 per cent of people will be covered by an HLC.

HLCs are funded by the Lottery's New Opportunities Fund - but the money is not just to resource the HLCs - innovative neighbourhood pharmacy services could be funded.

Pharmacy could become an integral component of both physical HLCs and the 'virtual' access services - but it depends on local entrepreneurial initiative among pharmacists to get the ideas rolling.

Setting the fee

Determining a fee rate (going professional fee rates may be £60 per hour / £500 per day) - the key issue is to price the service at an affordable level (given PCG resources) but high enough to reflect real professional value in the service.

Locum cover - build into the contracting fee, secure a block fee with agencies but don't just seek to recover the locum costs.

Specialist pharmacists could be deployed to write contract proposals, service delivery plans, QA systems, and setting out the financial fee base. This would not of course be a full-time job but a specific skill developed by one or more pharmacists possibly on behalf of a professional group.

Negotiating process and structures

An extended role may exist here for the LPC to create a level playing field and help individual pharmacists form group professional service schemes and develop the commercial skills to sell their skills.

PCG pharmacist negotiations will be critical, especially considering the partner/provider ambiguity, but this simply reinforces the need for a major advance in the level of professionalism deployed in the negotiating process.

PCG membership, block funding

Pharmacists need to create the market demand - promote and sell proposals with costed benefits, delivery plan, internal audit and evaluation.

There are implications for independent business development - the individual independent pharmacy as a location for supply, but with the individual pharmacist working in professional teams with other rival independent contractors - in a partnership where you need partners to win and deliver on a block service contract.

The professional services market is evidently at a very early stage of development for community pharmacists. But two points are already clear. Firstly, if one asks 'Where is the professional skill of the community pharmacist going?' the answer most certainly does not lie in the field of supply - nor does it lie in medicines or extended product lines. It lies in the development of the field of professional pharmacy services supplied through Service Agreement contracts paid through a system of fees.

The second point is that the rules and principles of good marketing are as valid in this professional services market as they are in the product lines market - ask any successful solicitor!

Dr Rob Pocock is chief executive of MEL Research Ltd, a research consultancy that has been analysing community pharmacies for more than ten years.

Numico acquires Larkhall Natural Health

Royal Numico BV, Nutricia's Dutch holding company, has acquired Larkhall Natural Health, which produces vitamins, minerals and supplements, for an undisclosed sum.

Larkhall, previously owned by brothers Charles and Robert Woodward, has a head office and plant in Putney, and a packaging site in Charlbury, Oxfordshire.

Its brands, such as Trufree and Cantassium, are sold through pharmacies and health food stores only. The company is considered to be an innovator in nutraceuticals.

Larkhall also exports, and runs a direct mail business – its turnover is about 12 million Dutch Guilders (£3.7 million).

Ian Thomas, Nutricia's sales director, said it would be carrying out a review of Larkhall's product range to see which brands it needed to concentrate on. "We'd obviously want to develop their strong brands, like Trufree and Cantassium," he said.

Larkhall will retain its sites "for the moment" and its management.

Mr Thomas said the company's interests in nutraceuticals fit well with its expanding operations in this area. Numico recently acquired Efamol, Scotia Holdings' nutritional subsidiary, and the Scandinavian Vitamex AB, and Viva and Pharma Burger in Germany.

Rowland acquires 40-strong GF O'Brien pharmacy chain

L Rowland, the Wrexham-based wholesaler, has acquired GF O'Brien Ltd, a chain of 40 pharmacies in Liverpool and north-west England, for an undisclosed sum.

Rowland, which was recently acquired by Phoenix Pharmahandel – Europe's third largest pharmaceutical wholesaler, has boosted its pharmacy outlets to 112 as a result of the deal.

The group had said that Phoenix's financial resources would enable it to acquire more pharmacies (*C&D* November 28, 1998, p39). Phoenix has an undisclosed target of pharmacies it wants to acquire.

Sandy Young, Rowland's chairman, said O'Brien was a good fit because it was similar to Rowland's pharmacies. "It has concentrated on surgery developments and it is also a good match geographically," he said.

O'Brien, founded by managing director Gerry O'Brien, has 250 staff and its turnover is about £23 million. Mr O'Brien will leave the company on March 1, when Rowland formally takes over, to concentrate on his other companies. These include generic manufacturer OBG Pharmaceuticals.

Mr O'Brien said his chain needed the "... numbers of a larger organisation for investment in such matters as EPoS systems. Its size will also enable it to get more involved in primary care groups."

In a letter sent to *C&D*, GF O'Brien Ltd has suggested that the deal initially led to an uncomfortable situation with AAH Pharmaceuticals, which was the chain's main wholesaler, and was also bidding for it. But AAH denies this.

Contracts for O'Brien's sale were exchanged on Thursday, January 28. Following the exchange, "AAH immediately ceased the supply of prescriptive drugs to individual pharmacies, without prior notice on Friday, January 29". AAH did actually make deliveries on Friday of drugs previously ordered.

AAH, the letter adds, did not warn O'Brien's head office or its pharmacies about the move. O'Brien's pharmacies discovered their account was closed when trying to put through orders in the late afternoon on Friday.

C&D's sources said the situation could have been potentially difficult as some of O'Brien's pharmacies are in rural areas, where patients would have had problems finding alternative pharmacies to get their prescriptions dispensed.

Sandy Young, Rowland's chairman, said O'Brien was a good match geographically

O'Brien and Rowland worked together to meet the pharmacies' demand for prescription drugs, says the letter.

"Clearly, any inconvenience caused by the cessation of supply by AAH to the O'Brien pharmacies is regretted by GF O'Brien ... But as you will appreciate, the situation was created due to circumstances beyond the control of G F O'Brien," it says.

Michael Ward, AAH's chief executive, rejects the claims. "We made full deliveries [to O'Brien's stores] on Friday and Saturday and we've always said we'd honour any emergency scripts," he said.

AAH has now ceased normal deliveries to O'Brien's pharmacies, although it said it would continue to fulfil urgent supplies if Phoenix was unable to meet the demands of O'Brien.

In a statement, AAH adds that such actions are common for the acquisition of large chains by major retailers.

Boots the Chemists drops AmEx cards

Boots the Chemists has stopped accepting American Express "for commercial reasons" – the chain's links with AmEx go back 20 years.

The move is a blow for AmEx, which loses BTC's 1,350 outlets at a stroke, although AmEx still hopes it can persuade the chain to change its mind.

AmEx said it was surprised by BTC's decision, partly because its card members spend 20 per cent more per transaction at Boots than other card holders.

"We expect that our card members will switch their spending from Boots to the majority of stores who accept American Express as a result of this decision," said AmEx.

On the pharmacy side, these outlets include Moss Chemists, Lloyds Pharmacy, Superdrug and supermarkets' in-store pharmacies. AmEx will tell its card holders about the options they have "to use their card for their previous Boots spending."

AmEx, meanwhile, is working on a campaign to recruit every independent pharmacy in the UK. The credit card company is developing a series of initiatives, some of which will be revealed in a few weeks' time, to encourage independent pharmacies to accept its cards. It may also approach the National Pharmaceutical Association to see if a deal would be viable.

Its two sales forces – one part of AmEx and the other external – will form a crucial part of the drive.

Colin Temple, American Express' director of the UK retail industry, said the misconception was that people used AmEx cards only for big purchases, such as entertaining or travel. But AmEx cards are accepted by supermarkets and pharmacy chains, which shows that card members also use their cards for everyday purchases.

Eighty-one per cent of AmEx card members think pharmacies should accept the card.

"Our card members prefer to pay by card – not cash – because they don't carry much cash. And they use the same pharmacies as everyone else," he said.

"Our blue card members (younger than green card holders), are interested in health and beauty. Independent pharmacies who specialise in perfume lines would appeal to these card holders."

AmEx members, meanwhile, use their cards to buy 89 per cent of their OTCs; 69 per cent of them would use it to buy perfumes, 71 per cent to buy electrical goods and 60 per cent gifts.

AmEx facilities are installed free in retailers, who pay a charge for every AmEx card purchase. Mr Temple admitted that the company's charges were higher than those of other credit cards, but he said its members tended to spend more than other card holders.

Even pharmacies in run down areas, he said, would benefit from offering AmEx facilities. "These pharmacists, like others, want to attract as many customers as possible. An AmEx card member might not go into their area and pharmacy because they don't see any AmEx signs [outside]," he said.

For more information, contact: 01273 675533.

Statim revamps retail insurance scheme

Statim Finance, AAH Pharmaceuticals' financial arm, has revamped its reta shop insurance cover to celebrate th ChemistShield insurance scheme tenth anniversary.

Statim is giving pharmacists up t 50 per cent – the maximum is £500 towards the cost of improving the pharmacy security, providing the pha macists sign a three-year commitmer to renew at a guaranteed rate.

Another new benefit is a payme plan to help pharmacists budget effe tively. Premiums can be paid month by interest-free instalments, while in vidual premiums can be guarante for three years.

In addition, no excess is payable f business interruption, employers' l bility, personal accident losses, or replacing plate glass windows if th are repaired by Solaglass. An excess £50 applies to most other claims.

For more information about scheme, call freephone: 0800 2525

Boots to open 45 Dutch stores

The Boots Company is investing £49 million to open 45 Boots Health and Beauty stores in The Netherlands over the next four years.

The average store size will be about 400m². Boots has successfully run five pilot stores across the country and said the combination of cosmetics, fine fragrance, toiletries and healthcare lines under one roof was a new concept in the Dutch market.

Boots' brands account for one-third of sales in the pilot stores and many of its own-label products are said to be considered premium brands there.

The Dutch fragrance and cosmetics market is worth around 850 million Dutch Guilders (£266m) and is growing at about 4 per cent a year. Its personal care market, growing about 3 per cent, is worth 3.3bn Dutch Guilders.

The company is also planning to open four trial stores in Tokyo this year.

Government to fine firms who break PPRS rules

Pharmaceutical companies could be fined £100,000 by the Government for breaking price and profit guidelines on medicines, according to the new Health Bill.

Alternatively, firms could face a daily penalty of up to £10,000 for every day they fall foul of the regulations, or continue to do so.

Firms who overcharge patients for NHS medicines, meanwhile, could be told to pay back the excess sum to the Government within a specified period. Frank Dobson, the health secretary, can increase that repayment by up to 50 per cent. The payments can also incur an interest rate, whose size will be determined by the regulations.

Such sanctions come under the Government's "reserve powers", designed to ensure firms comply with the Pharmaceutical Price Regulation Scheme (PPRS).

While the PPRS is a voluntary scheme, the Bill gives the Government leeway to make it statutory.

The Bill is a two pronged attack at pharmaceutical firms that buy brands from larger companies and then hike up the prices considerably, and firms that delay sending in their financial returns. Without these returns, the DoH cannot assess the companies' profits, which could delay the repayment of excess profits.

About 24 companies have increased their prices without the DoH's agreement and have cost the NHS around £30 million.

The DoH is still investigating small firms, such as ICN Pharmaceuticals and Castlemead Healthcare, who have bought product licences from other companies and increased the prices up to eightfold.

The Association of the British Pharmaceutical Industry, which is renegotiating the PPRS with the DoH, said it wanted to maintain a voluntary agreement. "A satisfactory voluntary agreement is the best way forward and we don't envisage a time when the reserve powers will be needed," it said.

L'Oréal Paris and Roche join body zone sponsors

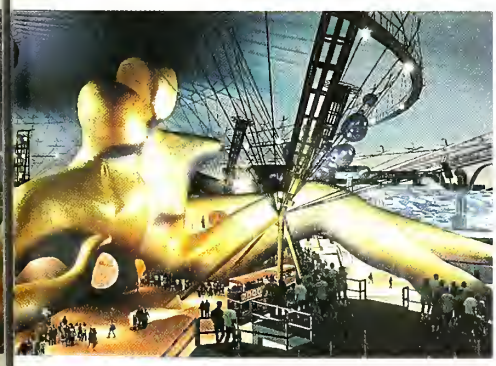
L'Oréal Paris and Roche have signed up as 'support sponsors' with Boots the Chemists for The Dome's body zone.

The two new signings will invest in the region of £1 million each in the venture, and they will contribute to Boots' core 'look good, feel good' theme for the zone.

L'Oréal Paris will lend its expertise in the "science of beauty" to the body zone and its exploration area. Key themes will be science and innovation, technological excellence, globalisation of beauty, multi-ethnicity and the future of beauty.

Roche's contribution will range from the latest medical and scientific discoveries to the science of nutrition and human genetics.

Jean-Jacques Lebel, L'Oréal Paris' UK managing director, said: "As the world leader in beauty, it was a natural choice for L'Oréal Paris in the UK to mark the year 2000 with this support sponsorship."



Vic Ackermann, Roche UK's managing director, said the company was "very excited by the opportunities that our participation presents".

Novartis to focus resources in areas where it can win

Novartis Consumer Health, the £100 million UK company formed by the merger of Novartis' OTC and Nutrition businesses (*C&D* September 5, 1998, p37) has committed itself to focusing on key areas where it can 'win'.

Speaking at the launch of the new company strategy, chief executive officer Godfrey Axten spoke of the unique strengths of the merged businesses - greater R&D capabilities, synergies across the group, access to multiple distribution channels, and high credibility in the healthcare area, as well as cost efficiency.

Novartis is now composed of three strategic business units: OTC, Health and functional foods, and Medical nutrition, although there will be synergies between the three.

Within the OTC sector, marketing director Joe Heron says the marketing focus will be in the category management of first aid, paediatrics, smoking cessation, anti-fungal/anti pruritis and laxatives, with significantly more support. Smoking cessation, he added, was clearly a category that belonged in pharmacy, where advice and counselling ensures greater compliance.

Godfrey Axten admitted that in the past the company had not focused on the right groups of products and there had been a tendency to 'push' rather than 'pull' pharmacists. The new strategy involves working with pharmacists through merchandising advice, category management, training materials and consultations about POM to P switches.

However, functional foods appears to be the area generating most excitement. According to Alastair Paton, director of marketing, "development of this sector has not been taken on by any company. The clinical and regulatory expertise of Novartis combined with its knowledge of food marketing is ideal for successfully developing this market". The first products with strong claims should be on the market within 12 months.

COMING EVENTS

MONDAY, FEBRUARY 8

Bromley Branch, RPSGB
Postgrad Centre, Queen Mary's Hospital, Sidcup, 7 for 8pm. 'The Role of the Pharmacist in Asthma Management'.

Slough & District Branch, RPSGB
John Lister Postgrad Centre, Wexham Park Hospital, Slough, 7.15 for 8pm. 'Advice and support of heath professionals prescribing control in medical practice'.

Southampton & District Branch, RPSGB
RGMC, Southampton General Hospital, Southampton. 'Aromatherapy and the Pharmacist: a scientific justification?'.

Aberdeen & N East Scottish Branch, RPSGB
Earl's Court Hotel, Queen's Rd, 7.30pm. 'Depression' (SCPPE accredited).

TUESDAY, FEBRUARY 9

Ayrshire Branch, RPSGB
Piersland House Hotel, Troon, 8pm. 'Development of Pharmacy in Primary Care'.

Moray & Banff Branch, RPSGB
Laichmoray Hotel, 7.30pm. 'Health Promotion developments in Moray'.

Oxfordshire Branch, RPSGB
Postgrad Medical Centre, John Radcliffe Hospital, 8pm. 'The Violent Client'.

Bradford & District Branch, RPSGB
Richmond Building, Bradford University, 7 for 7.30pm. 'Information Technology in Pharmacy'.

THURSDAY, FEBRUARY 11

West Hertfordshire Branch, RPSGB
Postgrad Medical Centre, St Albans City Hospital, 7.30 for 8pm. 'The work of a Police Surgeon'.

Glasgow & West of Scotland Branch, RPSGB
John Anderson Building, University of Strathclyde. 'The Todd Lecture - Medicinal Chemistry Stinks'.

South Staffordshire Branch, RPSGB
The Swan, Lichfield, 7.30 for 8pm. 'Hyperbaric Oxygen Therapy'.

Edinburgh & Lothians Branch, RPSGB
The Society, 36, York Place, Edinburgh, 7.45pm. 'Vitamins & Coenzymes - Nature's Magic Reagents'.

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For further details ring Allan Orme on 0467 611774 or write to: **A C Orme B Sc FCMA, Cornerstones, Lime Walk, Dibden Purlieu, Southampton SO45 4RB**

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Rocky mountain high ... in South America

John Weekes has decided to run the London Marathon in April. But everyone does a marathon these days, according to this Bristol proprietor pharmacist, so to add a little spice to the challenge, he intends to climb a mountain as well. Not any old mountain – that would be too easy – but the highest mountain in the western hemisphere: Aconcagua, in South America, which towers 22,833ft above sea level.

John is a modest chap. He claims not be much of an athlete, but he does coach Westbury Harriers. He says he doesn't really like running marathons, but then admits he has completed five London Marathons. And mountains ... yes, he has climbed two Himalayan peaks, Mera, and Stok Kangri in Ladakh, although neither is as high as Aconcagua.

"I cannot guarantee that I will attain the summit as I only have a few days to make it once I actually get there, and no second chance if the weather is bad. I then have four weeks to prepare for the marathon," he says.

Needless to say, all this physical effort – a salutary example to the couch potatoes among us – is for a good cause. John's pharmacy in Westbury Park serves a large number of elderly patients and several residential homes in the area. This year he is supporting a local charity, BRACE, based at Blackberry Hill hospital, which raises funds for research into Alzheimer's Disease.

Anyone wanting to sponsor John can contact him at John Weekes Chemist, 29 North View, Westbury Park, Bristol BS6 7PT (tel: 0117 9466987).

However, the story doesn't quite end there. The expedition to Aconcagua is being organised by an outfit called Jagged Globe, and six people have booked up. By one of those bizarre coincidences, John will find himself joined by two other pharmacists. Step forward Martin Gibson of Gibson's Chemist, Exmouth, and Barbara Weekes. We'd like a photo of all three of them at the summit.

So long, farewell ... to Paul Joyce

Paul Joyce, assistant managing director of Boots the Chemists, has retired this week after 43 years with the company.

Paying tribute to his 'textbook career' with the company, managing director Steve Russell says there can be few who have served Boots or the pharmacy profession with more distinction.

Mr Joyce joined Boots in Aberdeen in 1956 as an apprentice. After studying at Robert Gordon College and registering in 1961, he started his management career in Boots' Piccadilly store in London. The next 16 years saw him in a series of increasingly senior store management positions, mainly in the London area.

In 1977 he was appointed assistant territory general manager for West Scotland, becoming TGM in 1981. The move to head office took place the following year when he was appointed head of operations planning.

"Throughout his 15 years as a director two key themes have been dominant – nurturing the reputation of pharmacy and BTC's contribution to it, and the company's place at the heart of the nation's high streets," said Mr Russell in an announcement to Boots staff last week.

In 1990 Mr Joyce became a director of the Company Chemists' Association, an organisation he has led as chairman since 1995.

APPOINTMENTS

Josie Payne is the new divisional director (medical division) for Beiersdorf UK, the subsidiary of Beiersdorf AG Hamburg that produces the Nivea and Atrixo ranges and manufactures medical dressings and adhesive tapes. She was previously the UK company's group trade marketing manager. She will now be responsible for the sales and marketing of the medical division, and responsible for continuing the development and introduction of consumer skincare products such as Eucerin into the pharmacy sector.

David Macfarlane has been appointed to the new position of head of marketing for the consumer products division of SCA Hygiene Products UK. He has worked within the SCA group for over 13 years and recently handled the company's entry into the light incontinence market in the UK.

Elizabeth Philips, former director of the Credit Card Research Group, has joined the British Retail Consortium as deputy director general. She was a Fleet Street journalist for ten years before joining the CCRG.

Leader of the pack

The Pharmaceutical Marketing Society's Advertising Awards ceremony is always a well supported event, and this year was no exception. Hosted last week by Graham Norton at the Grosvenor House Hotel in London, the event attracted a record audience of 1,250.

The best Pharmacy Journal Advertisement Award, sponsored by *Chemist & Druggist*, was won by the Mycil (no sweat) advertisement, produced for Crookes healthcare by Medicus UK.

Certificates of merit went to Bayer Consumer Care and its agency, Euro RSCG Healthcare, for the Canesten Combi (cherry) ad, and to Reckitt & Colman and Medicus UK for their Gaviscon Advance advertisement.

Roger Murphy (centre left), publishing director of *Chemist & Druggist*, sponsor of the best pharmacy journal ad award, congratulates winners Richard Glover (left), marketing manager at Crookes Healthcare, Jane Firth, account executive, and Tony Green, art director at Medicus UK

For lifetime achievement

One of Northern Ireland's best known pharmacists, Thos O'Rourke, was honoured for nearly 50 years of service to the profession at a gala dinner at the Europa Hotel Belfast, last week.

Mr O'Rourke was given a standing ovation by his peers when he collected a Wilkinson Sword Lifetime Achievement award.

Mr O'Rourke, who has sat on virtually every pharmacy committee in the Province, registered as a pharmacist in 1950. His political career got underway when he was co-opted onto the executive committee of the Ulster Chemists' Association in 1961.

He has served as UCA president, president of the Pharmaceutical Society, and represented Northern Ireland on the National Pharmaceutical Association board for over 30 years.

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eviated Prescribing Information. PanOxyl Wash 10%. **Presentation:** PanOxyl Wash 10% is a lotion aining benzoyl peroxide 10.0% w/w. **Uses:** For the treatment of acne vulgaris. **Dose and method of nistration:** Wet the effected area with water and wash thoroughly with PanOxyl Wash. Rinse well with warm then rinse with cold water. Pat dry with a clean towel. Use once a day. **Contra-indications:** Patients with a hypersensitivity to any of the ingredients. **Caution:** Avoid contact with the eyes, mouth and other mucous ranes. Care should be taken when applying the product to the neck and other sensitive areas. The product may [illegible] **Side Effects:** [illegible] probably be felt on first application and a moderate reddening and peeling of the skin will occur within a few days. During the first few weeks of treatment a sudden increase in peeling will occur in most patients; this is not harmful and will normally subside in a day or two if treatment is temporarily discontinued. **Legal Category:** P **Retail Price:** 150 ml £7.05 **Product Licence Number:** PL 01/4/0048 **Product Licence Holder:** Stiefel Laboratories (UK) Ltd, Hollymoor Lane, Woolburn Green, High Wycombe, Bucks HP10 0HU **Date of Information:** October 1998

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